

# Members' Report 2021

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

# Acknowledgements

This report is a truly collaborative effort, and we would like to say a massive thank you to all those involved. We want to thank all of our members for sharing their insights and thoughts, and for all of their tireless work.

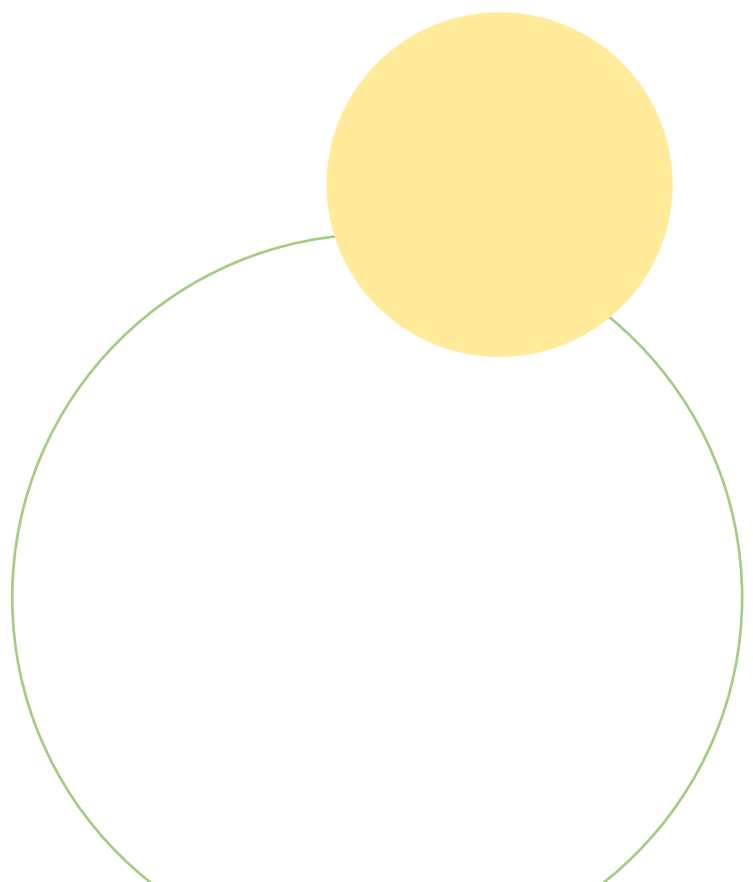
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# Foreword

We are delighted to introduce the Children and Young People's Mental Health Coalition's Members' Report 2021. Last year we produced our first ever Members' Report to mark our 10th anniversary, which celebrated our members' fantastic work and set out our priorities to improve the mental health and wellbeing of babies, children and young people.

Our vision is for all babies, children and young people to grow up in a society that prioritises and attends to their mental health and wellbeing. After nearly two years of living through the Covid-19 pandemic, this vision feels more pertinent than ever.

The Coalition has continued to work hard to represent the sector and we have grown our membership to 246 organisations. Our growing membership is evidence of the relevance and importance of our work and represents a rallying call from the sector that we need to work together to prioritise the mental health and wellbeing of the next generation.

The Covid-19 pandemic has changed the way our members support babies, children and young people, and we are proud of the way they have adapted their services and continued to provide vital support to those who need it most.

But the pandemic has also not been without its challenges. Rising levels of mental ill-health, widening inequalities, and a surge in demand for support that has not been seen before are some of the most pressing problems reported by our members and by

the children, young people and parents we spoke to.

As we recover from the Covid-19 pandemic, we must seize the opportunity to make real change for the mental health of babies, children and young people. Whilst some investment has been made to increase the availability of mental health support, our findings highlight the significant gaps in support that children and young people still face in education settings, in the community and in NHS specialist services.

Babies, children and young people are simply not getting the support they need at the right time. This is not good enough. What our findings show is that collaboration is key. We need to collaborate across education, across the community and across health so that children and young people have a holistic offer of support that spans the system.

At the Coalition, we will continue to collaborate with and celebrate our members and the children and young people they work with.



**Sir Norman Lamb, Chair**



**Clare Stafford, Vice-Chair**

# Executive summary

This is the second Children and Young People's Mental Health Coalition Members' Report. In it, we reflect on the impact of the Covid-19 pandemic on our members, on babies, children and young people, and on families, and review the state of mental health support in England. To inform the report, we draw on the direct views of Coalition members, children and young people, and parents and carers.

## **The impact of the pandemic on children and young people's mental health**

Babies, children and young people have faced many changes to their lives during the course of the pandemic. Children and young people described their experiences of the pandemic as 'uncertain' and 'scary', but some also recognised that the pandemic provided them with time to 'reflect' on their lives.

Members, young people, parents and carers were concerned about the rising mental health need among children and young people following the pandemic. Members have reported increased pressures being placed on mental health services as a result.

Our conversations also highlighted that not everyone has experienced the pandemic in the same way. Members expressed concern about the impact of the pandemic on marginalised groups of young people, for example those living in poverty, those from racialised communities, LGBTQ+ young people, and young people living in violent homes.

Members praised the collaboration that took place across the sector during the pandemic and were proud of the work they had achieved during vital times. However, it was noted that many organisations from across the voluntary and community sector are now facing significant financial challenges. This risks limiting the support they can offer young people, and consequently creating a domino effect across the children and young people's mental health sector.

## **Mental health in education**

Coalition members welcome the increased availability of mental health support within education settings through the Transforming Children and Young People's Mental Health Green Paper. However, our conversations with members focused on the scale and speed of the roll out of Mental Health Support Teams (MHSTs), with some raising concerns about children and young people who are falling between the gaps between MHSTs and specialist mental health services.

Whole education approaches are crucial to promote and support the mental health and wellbeing of all pupils and students. While positive steps have been taken in implementing whole education approaches in schools, colleges and universities, there are still significant concerns. In particular, there were concerns about the way children and young people's behaviour in education settings is being approached and supported. Members highlighted the importance of creating positive school cultures in supporting behaviour.

Overall, our conversations emphasised the need for a more systematic implementation of a whole education approach. This needs to be sufficiently resourced and prioritised, taking a developmental approach across the various stages of education, including in the early years.

## **Mental health in communities**

Early support services within the community are key in providing preventative and early intervention support to children and young people. They are a crucial part of the mental health system and play a key role in improving access to support, especially for those who find it hard to access support through 'traditional' routes. The voluntary and community sector, including many of our members, is a major provider of these services.

However, complex commissioning arrangements and a lack of funding makes it tricky for services of this kind to be established. Where they are in place, they are reliant on short-term and fragmented funding contracts, with local authorities and the NHS take varying levels of responsibility for provision in local areas.

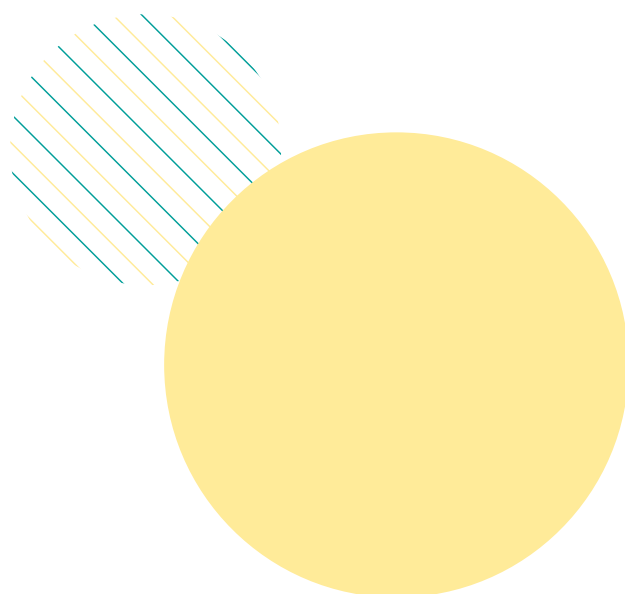
Members also expressed concern that the Covid-19 pandemic has widened existing mental health inequalities, yet prevention has seemingly been de-prioritised by government.

The Early Support Hubs model has been recognised as an effective mechanism to provide early support to young people in the community, providing youth-led and accessible support.

## **Improving mental health outcomes in health**

The NHS Long Term Plan includes commitments to expand and invest in Children and Young People's specialist services. Some of the commitments have been quickly implemented, such as the expansion of Mental Health Support Teams, whilst other proposals are yet to be taken forward. Some goals require more detailed discussion, such as the goal to provide specialist mental health services for all children aged 0-25. The Government has also taken positive steps to strengthen mental health legislation to better protect people's rights and improve provision.

However, members, young people, parent and carers all raised concerns about the growing pressures NHS children and young people's mental health services face, including long waits, higher thresholds, and workforce shortages. It was recognised that there are opportunities to build on existing government initiatives to increase access to specialist mental health provision, and to grow the workforce through greater investment and a clearer implementation roadmap.





## Recommendations

1. The Government should develop a cross-departmental strategy to put the mental health and wellbeing of all babies, children and young people at the heart of decision-making.
2. The Government should commit to directly involving children, young people and families in current and future policy initiatives on mental health and wellbeing.
3. The Government should ensure that mental health and wellbeing is placed at the heart of educational recovery and is given equal priority to academic catch-up. In order to achieve this, the Government should continue to accelerate commitments set out in the green paper, including the rapid expansion of Mental Health Support Teams.
4. The Department for Education should develop a national implementation programme to support every school, college and university to adopt a whole education approach to mental health and wellbeing.
5. The Government should fund a network of early support hubs to be rolled out across the country, which would provide young people somewhere to go when they need support with their mental health.
6. The Department for Digital, Culture, Media and Sport should provide voluntary and community sector organisations with a sufficient financial recovery package to ensure they can continue to deliver their vital work.
7. The Government should take concerted action across all its departments of state to prevent and address the stark inequalities in mental health through the promotion of preventative initiatives. The Levelling Up agenda presents an opportunity to address some of these challenges, in partnership with the voluntary and community sector.
8. The Department of Health and Social Care should ensure that the new funding settlement for the NHS prioritises mental health and can be used to deliver commitments in the NHS Long Term Plan on children and young people's mental health.
9. The Department of Health and Social Care should ensure that forthcoming legislative changes and guidance linked to the Health and Care Bill, the modernisation of the Mental Health Act 1983, and the 2018 Mental Health (Use of Force) Act effectively consider the unique needs of infants, children, and young people.
10. The Government should develop an overarching infant, children and young people's mental health workforce plan which includes all those supporting this population group. This should be backed by a multi-year settlement for workforce training and development.

# Introduction

Last year, we launched our first-ever Children and Young People's Mental Health Coalition (CYPMHC) Members' Report to mark our tenth anniversary. The report brought together insights and evidence from our members who represent a diverse range of sectors and communities, and children and young people also shared their views and recommendations for change.

The report highlighted the progress made to improve babies', children, and young people's mental health support. The Government has continued to deliver on commitments made prior to the pandemic, such as the green paper on children and young people's mental health and increasing access to NHS children and young people's mental health services through the NHS Long Term Plan.

However, our members felt that challenges still remained in ensuring all babies, children and young people had access to the mental health support they needed at the right time. In particular, members highlighted:

- The major disruption caused by the Covid-19 pandemic and the impact on the mental health of those aged 0-25 years old, especially the trauma caused by experiences of bereavement, abuse, and neglect
- Rising inequalities including poverty, digital inequality, and racial inequality, set against the backdrop of the Black Lives Matters movement
- Conflicting messaging between wellbeing promotion and behaviour management within education settings.

A year later and society is now on the road to recovery following a national vaccine and testing programme. In our second Members' Report, we reflect on a year living through the Covid-19 pandemic from the perspective of our members, children and young people, and parents/carers. Whilst those we spoke to were keen to highlight the silver linings from the past year, many stressed the challenges of living, working, and being educated throughout a global pandemic.

Education, community and health settings are vital sources of support for infant, children and young people's mental health. Much of the recent government policy proposals have focused on increasing access to support via these settings, in particular through education and health. In the second section of this report, we explore the progress that has been made in increasing access to support through these settings and highlight the further changes needed from the perspective of those we spoke to.

The findings from this report highlight the importance of collaboration and suggest that a long-term, cross-departmental approach is required, alongside greater investment in preventative and early intervention support.



# Methodology

This report is based on research conducted between April and September 2021 and reflects the latest evidence available during this period. We gathered first-hand insights from our members, children and young people, and parents/carers through virtual workshops and an online survey. To support this, we also completed a rapid review of relevant literature.

All quotes included in the report have been anonymised.

## Member workshops

We held five workshops between March and April 2021 with 55 member organisations. Within the workshops, we asked members to reflect on their highlights and challenges of the year, and to tell us what they were looking forward to. We also asked members to provide their views about government progress on our three strategic priorities of prevention, early intervention, and skills and confidence of the workforce, and what further improvements need to be made.

## Children and young people workshops

We ran five workshops with 32 children and young people aged 15-31.

A range of organisations were approached to help organise the workshops including Beyond, the British Youth Council, the Mental Health Foundation Young Leaders hosted by Leaders Unlocked, and the Children and Family Court Advisory and Support Service (CAFCASS) Family Justice Board.

## Parent/carers workshop

We ran a workshop with ten parents and carers who lead Parent Support Groups across the country and form part of the PLACE Network - a network aiming to develop, promote and sustain parent and carer support and involvement in children's mental health. The parents and carers we spoke to all had lived experience of supporting a child with mental health problems.

## Survey

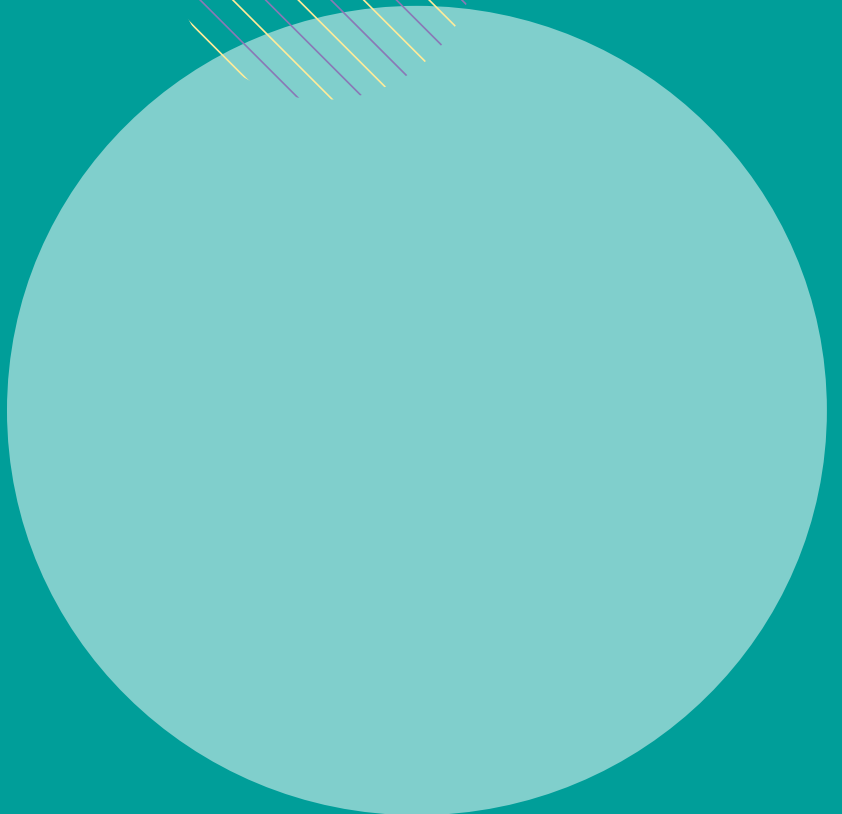
We conducted a survey with members in order to gather their views on government progress on children and young people's mental health policy. The survey was live between 4 May 2021-4 June 2021. Specifically, we asked questions in relation to Transforming children and young people's mental health provision: a green paper (2018), the NHS Long Term Plan (2019) and the response to the Covid-19 pandemic. On each of the policy areas, we asked our members' views on whether:

- The policies will improve mental health service provision for children and young people
- The funding is sufficient to bring about the change that is needed
- The policies are on track to meet its goals.

In total we received 50 responses to the survey from a wide range of members.

# Chapter 1

## Reflections on a year in the pandemic



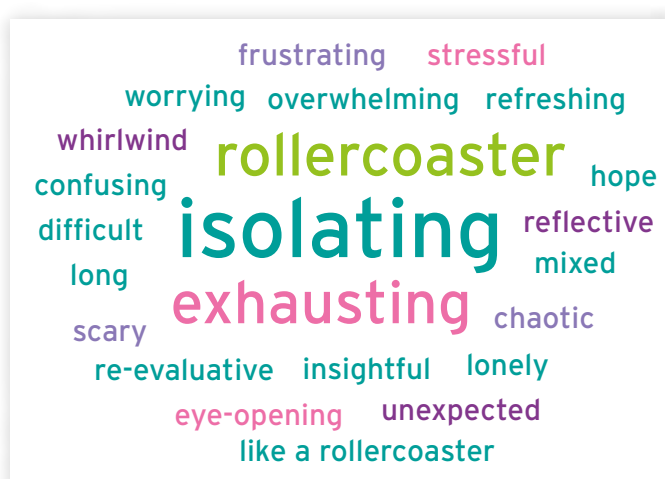
Many babies, children and young people have faced upheaval to their lives during the course of the pandemic. The closing of education settings, being cut off from friends and family, supporting struggling parents and siblings, and enduring lockdown in homes that are not safe are just some of the challenges they have experienced (Children's Commissioner, 2021b).

Despite this, many of our members have expressed concern that babies, children and young people have remained largely 'unseen' and 'unheard' within the pandemic.

'Sadly, children and young people's agency and voice has diminished significantly during this period. Too often they have been 'done to' with sudden and drastic changes to their lives and futures announced with a lack of care or respect.'

Survey respondent

It is therefore crucial that we hear from children and young people themselves about their experiences of the pandemic. In our workshops with children and young people, we asked them to use one word to describe their experiences of the pandemic. Their responses reflected both positive and negative experiences, highlighting that not all experiences of the pandemic have been the same. This range of words can be found in Figure 1.



**Figure 1: Words used by young people to describe their experiences of the pandemic.**

Other organisations' research supports the key themes we identified in our sessions with young people exploring their experiences of lockdown. Evidence collected by No5 Young People from their Young Ambassadors explored young people's experiences during lockdown, with key themes highlighting restriction of independence, reduction of peer support, connection with peers via digital, and isolation (No5, 2020).

## It has been an uncertain time

For some children and young people, the pandemic has felt 'confusing' and like a 'rollercoaster' due to the constant changes they experienced.

'I have really mixed emotions about the pandemic because its lasted so long, so different things arise, but during lockdowns I found myself flourishing a bit... But there's also times when it's been really difficult.'

[Young person]

‘I put rollercoaster because we start off saying it’s two weeks off school and then now for another two months and then it was pretty much a year off school before we went back, and then even then we didn’t properly come back because we ended up closing schools because Covid cases rose again. And it’s like, you don’t know if you’re going to go up or down, or you’re going back to front and going all over the place. It’s just like a rollercoaster of emotions as well.’  
[Young person]

## It provided a reflective space

Other young people reported that they found the pandemic and the ensuing lockdowns provided a ‘reflective’ space, allowing them room to consider and make decisions about their future and to feel grateful for what they have around them.

‘It hit that transition between a-levels and university anyway so it was a big time in my life, but suddenly having a pandemic meant a lot of things didn’t happen the way I had planned so I guess it was really working with what I’ve got but also trying to figure out if the path I was on pre-pandemic was actually the one I wanted to follow... it definitely has helped to shape my life in a way that could benefit me in the future because it’s given me time to think about it more.’  
[Young person]

‘Much needed time to pause and reflect about not getting caught up in the rat race, stop and think about what do you value.’  
Young person

## It was nerve-racking and scary

Some children and young people reported that the pandemic was a really ‘nerve-racking’ and ‘scary’ time for them due to the uncertainty of what was going on.

‘I said nerve-racking...I think because we’ve all kind of been uncertain about what’s happening...it’s been uncertain and stressful for a lot of people.’  
[Young person]

‘I just put scary because it was really scary. I remember hearing about it on the news and just being scared about what it meant, especially for, like, older family members and then selfishly for myself too... the whole thing was just really scary to me, especially as it was new as well and cases were rising really quickly.’

Young person

‘I would say lonely... because you’re isolated off from schools and seeing friends and some people can’t really see their family if they’re in different households.’  
[Young person]

# The impact of the pandemic on children and young people

## Rising mental health need among children and young people

'There are definitely cases where it has caused mental health issues.'  
[Young person]

Evidence has emerged over the past year that the Covid-19 pandemic has negatively affected the mental health of babies, children and young people. Data from NHS Digital highlights a rise in mental health needs among children and young people, with figures suggesting that 1 in 6 young people aged 6-16 now has a probable mental health disorder compared to 1 in 9 in 2017 (NHS Digital, 2021).

Other studies have also been exploring the impact of the pandemic on the mental health and wellbeing of children and young people. Overall studies point to an increase in levels of distress, worry and anxiety during the course of the pandemic amongst children and young people (Millar et al., 2020).

The Co-Space study, for example, has been tracking the mental health of school-aged children and young people aged 4-16 throughout the Covid crisis, based on parent/carer reports. Overall, parents/carers reported the highest level of behavioural, emotional and attentional difficulties in June 2020 and February 2021, when restrictions were highest (Shum et al., 2021). The study also highlighted that younger children (aged 4-10) have had greater changes in levels of behavioural, emotional and attentional

difficulties throughout the pandemic, whilst levels of difficulties among secondary school aged children (11-16) have been more stable (Shum et al., 2021).

What is more, a study conducted by Mental Health Foundation focusing on adolescents' experience of the pandemic found that loneliness was particularly prevalent in this age group, with 64% of the teenagers surveyed reporting that they 'sometimes' or 'often' have no one to talk to (Mental Health Foundation, 2021). This was a pattern consistent through the pandemic.

'I think it's natural to expect that people are struggling with being isolated and being in lockdown and everything.'  
[Young person]

Members also reported seeing this increase in mental health need among the children and young people they are supporting.

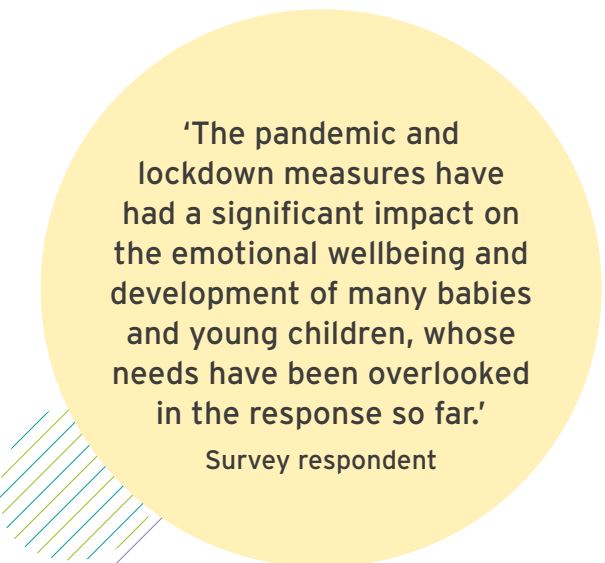
'We've seen an increase in self-harm in our children and young people.'  
[Workshop attendee]

'It's a time where children and young people have been exposed to very significant public discourse on death and dying and bereavement. And actually, whether they have been bereaved or not, all children are affected by that. There's a question for us...whether children have had the chance to process the things they are hearing about.'

Workshop attendee

Whilst evidence suggests that the direct impacts of Covid-19 on babies were very limited for the vast majority, research from the First 1001 Days movement reports that the hidden harms linked to the impacts of lockdowns and other restrictions on 0-2's and their parents are broad and significant and were experienced unevenly depending on family circumstances and background (Reed, 2021). The alliance notes there has been a lack of focus on the needs of society's youngest, creating what they describe as a "baby blind-spot" (Ibid).

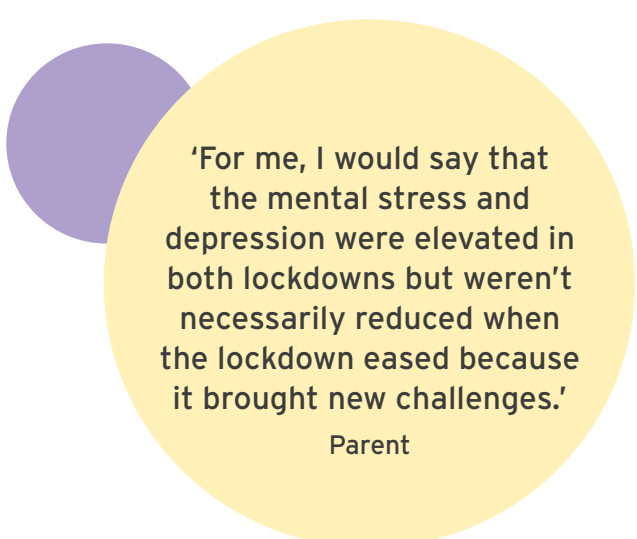
'Babies and families have been struggling and that still hasn't been recognised.'  
[Workshop attendee]



'The pandemic and lockdown measures have had a significant impact on the emotional wellbeing and development of many babies and young children, whose needs have been overlooked in the response so far.'

Survey respondent

we spoke to recognised that parental stress had increased during lockdowns, but that the easing of national restrictions also brought further challenges.



'For me, I would say that the mental stress and depression were elevated in both lockdowns but weren't necessarily reduced when the lockdown eased because it brought new challenges.'

Parent

'I think the stress came a bit later on for our families when schools...they were a bit stricter about catching up, not falling behind...and school became more formal at home again. And then that was really stressful I think.'

[Parent]

Parental mental health was also impacted during the course of the pandemic, with findings from the Co-Space study showing that parental stress and depression were elevated during the times of greatest national restrictions (Shum et al., 2021b). It has been identified that many parents and carers have faced financial insecurity, alterations to their routines and the juggling of multiple responsibilities including work and childcare through the course of the pandemic (Romanou et al., 2020). Parents



## Case Study: Winston's Wish

*This case study is a blend of stories heard on the Winston's Wish Helpline to avoid breaching anonymity. It is representative of so many calls the organisation receive every day from parents and professionals seeking guidance on how to support bereaved children and young people.*

Alex is 13. Alex's mother has a health condition that meant she had to shield from the start of lockdown, as did his grandparents. His father continued to work as a frontline worker, taking extensive precautions to protect his family from the virus. Nevertheless, he caught Covid-19 and, after Alex and his mum had heard his dad struggling for breath behind the closed door of the spare room, they called an ambulance. Alex had to take a bus alone to visit his father in hospital. He was allowed to see him once before he died. Only five people attended the funeral. Then it was school holidays and Alex and his mum stayed home, isolated with their grief. Returning to school in September was tough. Now, every time he hears of someone else in school having the virus, he flinches for his mother's health.


Alex's teacher contacted Winston's Wish after attending a training session and passed the helpline number to Alex's mother. Alex chose to speak (at a distance) to one of the bereavement practitioners for six sessions to share some memories of his father, to explore some of his feelings and thoughts about what had happened, and to develop some ways to face the future. The focus of our support is on helping him to find ways to remember his dad as he lived rather than the way he died.

## The unequal impact of the pandemic

'Everyone has experienced it in a different way'  
[Young person]

Our conversations emphasised that the pandemic has not 'affected everyone equally' and members were particularly concerned about the impact of the pandemic on marginalised groups of young people. Through our conversations, members reflected how pre-existing mental health inequalities have been exacerbated by the pandemic.

'I am worried about the most vulnerable, perhaps those in the care system, coming out the care system, perhaps kids not in care yet.'  
[Workshop attendee]

There has also been a narrative and a reality this year, it's constantly reported in the media that Black and minority ethnic communities were worse hit in the pandemic...there is a double disadvantage being layered onto young people from those communities. And we know there are inequalities in terms of access to mental health provision.   
[Workshop attendee]

Evidence confirms the unequal impact of the pandemic. For example, the Co-Space study highlights that whilst children have generally experienced reductions in mental health symptoms as restrictions eased in March 2021, children with Special Educational Needs and Disabilities (SEND) and those from low-income households have continued to show elevated mental health symptoms (Shum et al., 2021).

What is more, during the early stages of the pandemic, Kooth reported a steep rise in the number of young people from racialised communities accessing their service, with a 9.2% increase in the rate of racialised young people presenting with depression, compared to a 16.2% fall amongst their white counterparts (XenZone, 2020).

The pandemic has created additional challenges for LGBT+ young people: in research conducted by Just Like Us, 68% of LGBT+ young people said their mental health had 'got worse' since the pandemic, compared to 49% of their non-LGBT+ peers (Milsom, 2021).

For many children and young people, the pandemic has also increased the risk of harm and violence. Figures released by NSPCC show that calls to ChildLine have increased by over 50% since the first lockdown began in relation to concerns about children living in violent homes (NSPCC, 2021).

The unequal impact of the pandemic was highlighted particularly in relation to digital access. The closure of schools, colleges and workplaces meant that digital access became more important than ever, yet Ofcom estimated that 1.8 million children were without adequate access to devices at the start of the pandemic, and almost a million were without an acceptable

connection to the internet, the majority of these coming from low-income families (The Sutton Trust, 2021).

'Online learning can be hard, families don't have WiFi or don't have data.'  
[Young person]

Through the course of the pandemic, the Government embarked on a major programme to provide 4G routers and digital devices to pupils who needed them in order to address inequities in digital access. Yet to date, hundreds of thousands of children and young people still go without access to devices or the internet (Youth Access, 2021b).

In our workshops, some members raised concerns about the implications of lacking digital access on mental health and wellbeing, and the isolation experienced by those unable to access remote learning or opportunities to connect with peers. Young people also recognised the challenges with online learning and with losing the social interaction that comes with being in school.

'As schooling was more and more disrupted the children that were most affected were the most vulnerable children and they were being affected in all sorts of ways, from poverty to digital access...some children actually did quite well and picked up more IT skills but for the vulnerable children, including those with SEND, there were a lot less interventions and it became harder for us to reach families as it went on.'

Workshop attendee

‘The impact that Covid-19 has had on the mental health of children and young people, but particularly disadvantaged children and young people by further increasing their exclusion by not being able to access services, for example education and online therapy.’  
[Workshop attendee]

‘People lost out on social interaction and learning that comes from that, growing up and learning how to interact with others.’

Young Person

## Educational recovery

‘I know lockdown has made social anxiety even worse so they’re probably more worried going back to school.’  
[Young person]

During the course of the pandemic, early years settings, schools, colleges and universities were closed to the majority of children and young people, with remote learning becoming the norm for many. There have been concerns regarding the impact of these closures. For example, in The Children’s Society’s Good Childhood Report, three-fifths of parents who took part in the research said the pandemic had a negative impact on their children’s education (The Children’s Society, 2021b).

An evidence paper prepared by University College London for the Government on the impact of school closures also found that they are associated with considerable harms

to children and young people’s health and wellbeing (Viner et al., 2021).

As we recover from the pandemic, the Government has made funding available to support educational recovery, with overall funding for education ‘catch-up’ in England totalling £3.1 billion since the beginning of the pandemic (Education Policy Institute, 2021). However, there are concerns that this investment into educational recovery is not enough.

A report from the Education Policy Institute showed that this funding amounts to around £310 per pupil in total over four years, compared to equivalent funding of £1,600 per pupil to support education recovery in the United States and £2,500 per pupil in the Netherlands (Education Policy Institute, 2021).

Whilst members welcomed the funding made available to support education recovery, including schemes like Wellbeing for Education Return programme (now known as the Wellbeing for Education Recovery programme) it was noted that the amount provided for additional mental health and wellbeing support does not go far enough in addressing the scale of need.

‘Various recovery premiums were allocated to schools, but I feel that schools needed a clear ‘pot’ of money and directive in terms of mental health provisions.’

Survey respondent

'The Covid 19 catch-up premium can be used to support mental health, which is welcomed, though in competition with funds needed for other 'missed learning' demands. A ring fenced pot of money for mental health support to pay for additional services would have given mental health some parity with learning needs.'

[Survey respondent]

**There was also limited understanding about the impact of the Wellbeing for Education Return programme has had on children and young people.**

'We do not know if this has impacted on children and young people. We know there was widespread take up among local authorities, but we don't know how far this cascaded down the levels of professionals and we don't know what the 'real life' impact on children and young people was.'

Survey respondent

Parents and young people also highlighted that, for some groups of children and young people, the move to remote education was an approach that better suited their needs and indicated the need for a more flexible approach to education for children who struggle to be in education.

'But I was also thinking about kids who come from lower socio-economic backgrounds when going to school they were concerned about what they had to

wear, hygiene or whatever...I know in my school there was a clear divide between the poor kids and the rich kids, and I think that leads on to bullying. I know schools have programmes, but I feel like a lot of bullying still goes unchecked. I think those kind of issues made a lot of kids feel a lot more relieved not to go to school.'

[Young person]

'But I think that the really important point I hope comes out of this is that there are so many different ways to educate children and young people.'

[Parent]

'We were having young people in the very first kind of week of lockdown, saying I haven't been able to access education for a year and a half because of my anxiety...not that I don't want to learn, but I can't walk through a school gate. And they've been asking and asking for remote learning and have been told it can't be done and then had to watch that in the space of a week the entire nations children were educated remotely and what that meant to those young people that have been asking for that help and that adjustment.'

[Parent]

**Recent research from Student Minds highlights the profound impact of the pandemic on students across every aspect of their lives (Frampton et al., 2021). Some young people also noted that little attention was paid to those in higher education during the course of the pandemic.**

'I feel like there has been a lot of focus on GCSEs and A-levels, rightly, I do think they are important, but I do think university students have been absolutely left behind.'

[Young person]

# What was the impact of the pandemic on the sector?

It has been an unprecedented year for our members. The Covid-19 pandemic has shifted the way we work and deliver support to babies, children and young people, and we have seen how our members have been able to respond quickly and innovatively to the changing circumstances. The pandemic has also presented many challenges to our members as they adapted to new ways of working, whilst facing increased pressure on their services.

## Delivering work in vital times

Throughout the year, our members have worked hard to continue supporting children and young people's mental health and wellbeing, despite the challenging circumstances. Members spoke with pride about the work they had undertaken over the year.

'We spent the last year rebranding and creating a youth board...we have young people from all different ages from their teens to their twenties to even their thirties, and a real diverse range of people...and they are all so inspiring.'

Workshop attendee

'We got one of our first substantial grants this year after five years of working without...Feeling very valued for the work we do as a very small independent charity.'

Workshop attendee

Members also praised the way organisations came together during the pandemic to collaborate. They felt that the urgent need to respond to the crisis meant that organisations were able to pull together in a way that perhaps had not been seen before.

'Our ability and the ability of our sector to make change happen in real time, live in the middle of a crisis.'

Workshop attendee

## Case study: Beyond: Inside Out Day

Beyond is a youth mental health charity that exists to improve young people's mental health in the UK. The charity is driven by an impassioned youth board who are determined to instil new attitudes and drive change so that young people can go 'beyond just surviving'.

The youth board wanted to address the dramatic decline in youth mental health. To do this, they organised the first virtual, nationwide festival to provide mental health support and resources to schools and colleges in the UK on 3 February 2021 ('Inside Out Day'). Facilitating local connections underpinned the festival, ensuring that educational settings would not only receive support on festival day, but that, by establishing relationships between local mental health providers and schools, long term impact would be possible.


With no budget and an urgent social media campaign, the Beyond festival organisers approved and vetted 400 mental health and wellbeing providers from all over the UK willing to volunteer their time on 3rd February to deliver online workshops to local schools. They facilitated the creation of bespoke lesson materials to support the pillars of the festival (gratitude, resilience and kindness) with partners including iSpace Wellbeing, Heads Up Kids, Clued Up Coaching and more. They arranged for some of the UK's most influential voices in this space to deliver live, all-access online sessions including Kate Silverton, Dr Radha, Dr Dickon Bevington, Katie Thistleton, Dame Kelly Holmes, Katie Piper and many more.

Over 1,200 schools signed up to attend the festival, and on the day itself it reached over half a million students, teachers and parents.



## The pivot towards digital technology

The Covid-19 pandemic resulted in the rapid adoption of digital technology across education, support services and workplaces. Overwhelmingly, members stated that this transition to online working enabled a new, more flexible approach to delivering support to children and young people.



'It's forced us to challenge the way we work and test new ideas that we wouldn't have normally tested out.'

Workshop attendee

'Enabling our digital flexibility and ability, which is something as an organisation we have been thinking more of and this pushed it to the front.'

[Workshop attendee]

Previous research conducted by Youth Access highlights that remote working can allow services to work flexibly, accessibly and adapt their ways of communication to fit the needs of young people, including those who have traditionally found it difficult to access face-to-face counselling (James, 2020). This was reflected within our member responses, with members noting that they adapted their approaches to continue to provide support to children, young people and their families via online support during the national lockdowns.

'It felt like there was a lot of conversation about wanting to work remotely but not much action, then Covid happened and overnight everybody in the organisation

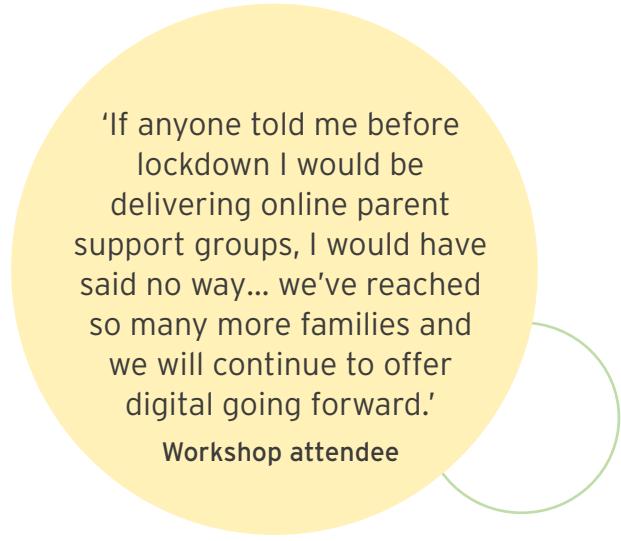
picked up their tools, and they were so creative in their approach and how they worked with young people.'

[Workshop attendee]

'It's been amazing to work with the number of parents we've worked with this year... during this time we've managed to reach parents we wouldn't normally.'

[Workshop attendee]

Many members told us that they were keen to provide a digital offer of support going forward, offering a blended approach of face-to-face and online support. Providing this blended can help build a service that is truly young person-centred (James, 2020).



'If anyone told me before lockdown I would be delivering online parent support groups, I would have said no way... we've reached so many more families and we will continue to offer digital going forward.'

Workshop attendee

'The thing we have learnt this year is [to] think differently, to be much more flexible to how we work, thinking about a blended offer going forward. Really taking on board what has worked well for whom.'

[Workshop attendee]

It is important to note that for some groups, however, digital delivery is not always appropriate, such as those with disabilities and specific accessibility needs, as well as for babies and younger children (Action for Children, 2020).

## Case study: Off The Record Bristol

Off the Record (OTR) Bristol is a mental health social movement by and for young people, providing mental health information and support to 11-25 year olds and their networks. OTR's work takes places in one-to-one settings, group workshops, and as outreach into schools and community spaces across Bristol and South Gloucestershire.

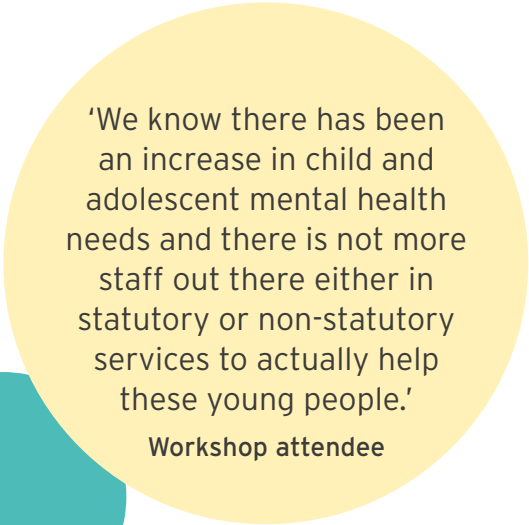
As with many charities, the pandemic halted all of OTR's 'in-person' activity, which threatened to challenge them as a service provider with relationships and connections at the heart of its work. However, OTR very quickly adapted, finding new and creative ways to bring young people together in therapeutic and community spaces. Much of the direct therapeutic delivery moved online as early as March 2020 (safeguarding procedures were put in place within days), using tools such as Zoom and WhatsApp.

During this time, OTR initiated projects such as a 'seed kit delivery', using socially distanced volunteer-led support to deliver flower and vegetable seeds to over 1,000 young people, encouraging a connection to horticulture and nature as a way of staying well in the difficult circumstances lockdown created. OTR also created a 'Peer Mentoring' programme during this time, connecting and facilitating young people to have peer-to-peer conversations. Many new OTR projects were created in the following months, allowing OTR to support thousands of young people.

Many of these new offers to young people will remain available post-pandemic, and OTR is also in the process of enhancing its digital provision in response to some young people showing a preference for this kind of service.

## Rising demand for mental health services

The surge in mental health need identified during the pandemic has resulted in rising demand for children's mental health services. Even before the pandemic, children's mental health services were far from meeting the level of existing need, and there were concerns about the additional pressures the pandemic would place. Analysis of NHS data conducted by the Royal College of Psychiatrists shows that nearly 200,000 0-18 year olds were referred to children and young people's mental health services between April and June 2021, an increase of 134% from the same period in 2020 (Royal College of Psychiatrists, 2021).




'We know there has been an increase in child and adolescent mental health needs and there is not more staff out there either in statutory or non-statutory services to actually help these young people.'

Workshop attendee

some form of support, 24% said they looked for support but did not access any, and 22% said they did not look for support (YoungMinds, 2021).

Some members also described seeing a surge in demand for their services, with some worried about how to meet this increased need.



'We have been taking 60/70 referrals a month and have been since September... nothing you ever do feels enough.'

Workshop attendee

'It has been difficult to see our waiting times increase hugely over the last 12 months.'

[Workshop attendee]

While professionals in the NHS, education and charities have worked hard to continually provide mental health support throughout the pandemic, findings from YoungMinds highlight significant unmet need during this time. Among young people from the YoungMinds survey who believed they needed mental health support during the pandemic, 54% said they received

## Case study: No5 Young People

No5 provides free, confidential mental health support, counselling and preventative outreach to children and young people aged 11-15 and those around them, who are living, working or studying in Greater Reading. The service is focused on early intervention support.

During the course of the pandemic, No5 has seen a surge in demand for their counselling services. There was a **197% increase in referrals** between August 2019-May 2020 to August 2020-May 2021. No5 received 727 referrals in this time - 98 in April alone. This increase in referrals has been seen across all age groups. For the service, it has been challenging to meet this increase in demand, and they believe there is no sign of this surge stopping in the near future.

In September 2020, No5 saw an increase in referrals from university-aged young people and they are now seeing an increase in referrals from young people aged 11-14. Traditionally, the bulk of demand for their services has come from 15-17 year olds, and so this shift is a marked change in demand. No5 has noted that numbers of young people struggling with disordered eating and self-harm significantly increased during the pandemic.

## Reduced funding opportunities

Members expressed concern that limited support was provided to the voluntary and community sector (VCS) during the course of the pandemic. Whilst the VCS faced an increase in workload during the pandemic, members were concerned that funding to support increased demand was limited and, at the same time, many organisations experienced a reduction in funding as previously reliable funding sources dried up.

'They have relied on the VCS to respond and carry the weight of most of the effective responses. Many organisations are really struggling for funding under a hugely increased workload.'  
[Survey respondent]

'The Government has provided some additional financial support but a number of third sector organisations have lost their funding.'

Survey respondent

Where funding was made available, members observed that availability was patchy, and the funding was mainly short-term and non-recurrent.

'Covid funding was considered but piecemeal and small pots with no real understanding of the impact on continuation of work.'  
[Survey respondent]

‘Very small pots of money have been available but few from government. This short-term, sticking-plaster approach is destabilising for the sector and all of the dedicated people who work in it.’  
[Survey respondent]

What is more, members reflected that a halt on their fundraising activities and the shortage of funding opportunities due to Covid-19 meant that it has been challenging to ensure their work is resourced and sustainable. During the course of the pandemic, research conducted by Pro Bono Economics estimated a £10bn funding gap across the sector (NCVO, 2020). Further research by NCVO and Nottingham Trent University also shows that the impact of the pandemic on the voluntary sector has been uneven and unpredictable and highlights the risks of further declines in funding in the next financial year (NCVO, 2021). This is concerning given the integral role of the VCS in the children and young people's mental health system.

'All of our fundraising just stopped. We had lots of events and challenges planned and they just went out the window because of Covid which is frustrating but hopefully we [will] get them back on track.'  
[Workshop attendee]

'Trying to find and maintain long term sustainable funding to really see...projects embedded on a long term basis rather than short term basis.'

Workshop attendee

## Staff wellbeing

Members reported that supporting staff and their wellbeing during the pandemic was particularly challenging. For smaller organisations, the rise in demand for their service meant that staff members were working to meet demand and to manage risk. The ongoing working from home was also noted as particularly challenging whilst adapting and responding to the pandemic.

'The challenge has been meeting demand and the impact of that demand on staff because everybody has wanted to give their all. Many are working more hours than they normally would and that has been a big challenge because we are very small team.' [Workshop attendee]

'We've seen that quite a lot where we've had frontline staff work throughout the course of the pandemic, is that they are getting very tired from not only working on screen, but from managing the constant change.'

Workshop attendee

## Summary

- Babies, children, and young people have faced great change to their lives during the course of the pandemic, but their voices have largely been unheard in national conversations.
- Members, young people and parents were concerned about the rising mental health need among children and young people, and the rising pressures being placed on mental health services as a result. The pandemic has also had a particular impact on young people from marginalised groups.
- Whilst the effect of school closures on mental health has been noted, parents and young people highlighted how remote educating during the pandemic was beneficial to some groups of children and young people who have difficulties in attending education.
- Members praised the collaboration that took place across the sector during the pandemic and were proud of the work they had achieved during vital times.
- Whilst the VCS has been working hard during the pandemic to support rising demand, members reported that they are concerned about their future financial sustainability.

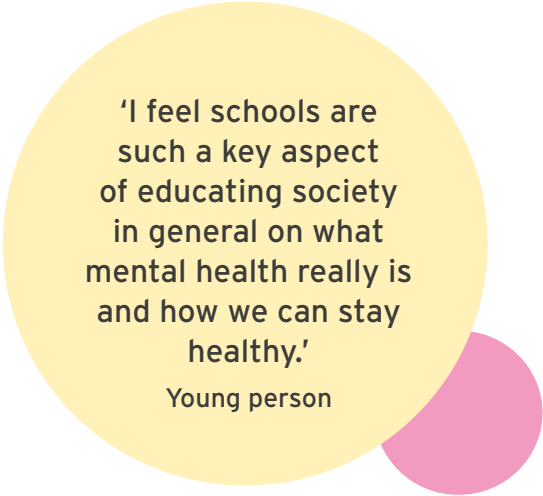


# Chapter 2

## Mental health and wellbeing in education



# Overview



'I feel schools are such a key aspect of educating society in general on what mental health really is and how we can stay healthy.'

Young person

Education settings play a crucial role in supporting the mental health and wellbeing of children and their families. Evidence from YoungMinds suggests that over the course of their education, young people spend around 7,800 hours at school (YoungMinds, n.d.).

Educational environments, timetables, lessons and cultures all have an effect on the mental health of children and young people (Abdinisir, 2019). From bullying to exam stress, schools, colleges and universities can be stressful places, especially for young people facing the greatest adversity. But education settings can also be good for mental health. Where the culture builds trust, allowing responsive relationships between staff, families, and children to flourish, these can be protective factors against poor mental health.

Children's mental health and wellbeing matters at all stages of education, with evidence suggesting that children's wellbeing falls as they age (Crenna-Jennings, 2021).

- The Children's Society research shows that between 8 and 15, children's wellbeing declines significantly (The Children's Society, 2013)
- Wellbeing drops, on average, as children move from primary into secondary school and continues to drop as children move through secondary school (Crenna-Jennings, 2021). By post-GCSE age, most young people's wellbeing score is lower than it was when they were younger
- There is a drop off in wellbeing from early adolescence into the mid-late 20s. Young people aged 20-24 have reported lower life satisfaction and happiness than those aged 16-19 (Department for Education, 2019).

A whole-education - school, college, and university - approach is therefore critical to support the mental health and wellbeing of children and young people as they move through education. A whole-education approach refers to a universal, institution-wide and multi-component approach to the promotion of children and young people's wellbeing and mental health.

Education and mental health were key themes in our conversations with members, children and young people, and parents and carers. Our conversations stressed the importance of building these positive cultures, where a focus on wellbeing is at the heart of learning. However, whilst it was recognised that positive steps have been taken to increase the availability of mental health and wellbeing support within education, it was recognised that further work is needed to create inclusive, whole education cultures.

# Policy context

The Government has taken steps over recent years to increase the availability of mental health and wellbeing support in schools and colleges through the Transforming Mental Health Provision green paper, and the introduction of a dedicated Relationships and Sex Education and Health Education (RSHE) curriculum. The green paper set out three key policy proposals to improve children and young people's mental health through education, including the roll out of Mental Health Support Teams, training for a new senior mental health lead in every school, and trialling a four-week waiting time for specialist mental health services.

The Government has continued to implement the green paper proposals during the Covid-19 pandemic and made additional investment to accelerate these commitments. Most notably, the Government invested an additional £79 million to expand access to MHSTs from 59 in March 2020 to around 400 by April 2023, which will achieve the green paper's coverage target of 25% a year earlier than planned (Department for Health and Social Care, 2021c).

## Members' views on the green paper proposals

Provisions such as Mental Health Support Teams (MHSTs) and the senior lead for mental health were seen to be welcome additional resources to schools and colleges. MHSTs are intended to provide early intervention on some mental health and emotional wellbeing issues, as well as helping staff to provide a whole school or college approach to mental health and wellbeing (DHSC; DfE, 2018).

‘Additional support for children in schools via the Mental Health Support Teams in schools is a helpful additional resource.’  
[Survey respondent]

‘Mental Health Support Teams increase the amount of low-level mental health care available to children and young people.’  
[Survey respondent]

Some members highlighted positive work they are seeing being undertaken by MHSTs, including greater partnership working through the iThrive framework, which aims to create a person-centred and needs-led approach to mental health care for children and young people, and in providing support to those who do not require specialist services.

‘Mental health support teams have been able to pick up some of the lower intensity work which has enabled the counselling profession to have longer-term involvement with some of the higher intensity work, which shows a lovely stepped care approach... in areas like that it's really something to shout about.’

Workshop attendee

‘Another benefit to MHSTs that I’m seeing in our area...is how CAMHS is developing and responding. So looking more at that iThrive model and how to bring partnerships in together to work...there is much wider conversation happening about where young people are most suited to get their mental health support.’  
[Workshop attendee]

These findings were also echoed in an early evaluation of Mental Health Support Teams, which covered the period from November 2020 to mid-March 2021 (Ellins et al., 2021). The evaluation found there is good progress in implementing the teams, with education settings reporting improvements in more timely access to support, in increased staff knowledge on mental health, and in a more proactive and positive culture around mental health and wellbeing in their setting.

However, whilst the introduction of MHSTs has been welcomed, there have been concerns about implementation and the speed in which all areas of the country will have access to this additional support.

When the green paper was published, it set out that one third to a quarter of the country will benefit from MHSTs by 2023/24. Data from NHS England shows that there are now over 280 mental health support teams set up or in training – 183 are operational, covering 15% of pupils in England (NHS England, 2021). A further 103 are in development (NHS England, 2021).

‘Having an ambition to roll these out to 25-35% of the country by 2023 isn’t good enough and falls far short of what the offer should be for children.’  
[Workshop attendee]

‘I guess there is a downside to that [MHSTs] that not all areas have an MHST and that the roll out to reach 33% of schools and colleges is not till 2022/23... I think it just leaves a massive gap for early intervention work for young people not covered in that area.’

Workshop attendee

There is flexibility with setting up MHSTs so that local areas can design their approach and models to best suit their existing needs, provision and circumstances. This variation in approach was highlighted throughout our conversations with members, young people and parents, who were concerned that a lack of a consistent approach would result in a postcode lottery of support.

‘In one mental health support team you’ve got to be referred by a member of staff in school, in another one young people, parents and carers can self-refer, you’re already seeing a postcode lottery within these mental health support teams.’  
[Workshop attendee]

‘There are only a few schools it’s covering...Again it’s that idea of postcode lottery where there isn’t a service in each area, which is leaving so many young people without support. Again, it comes back to funding.’  
[Young person]

The early evaluation identified that, in terms of challenges, a common theme raised was gaps in support, with particular concerns raised about a lack of support for children whose needs were not mild to moderate, but also not serious enough to require specialist care. The evaluation shared the view that the 'standard' MHST intervention which Emotional Mental Health Practitioners (EMHPs) had been trained to deliver was less suitable and effective for some groups, including younger age children, children who were self-harming, children SEND and vulnerable and disadvantaged groups (Ellins et al., 2021).

Training of EMHPs and the support provided through the Teams was also a concern raised through our engagement with members and parents, with some expressing that it needed to go further to meet the needs of all children and young people.

'The fact that they are trained in very basic levels...it's supposed to be early intervention... it's equivalent of tier one support and the reality is that so many of our children have been waiting so long for so much support that it's too little, too late... so schools are still struggling even when they have access to EMHPS because they're not trained to deliver the support the young people... actually need.'

Parent

'There are 400 teams of these apparently... if you're not training the practitioners to deliver interventions, then it's all well and good having an understanding of how the mind works... but the kids need support.'

[Workshop attendee]

## What further change is needed?

Whole education approaches have been recognised as an integral factor in protecting and promoting the mental health and wellbeing of pupils (Department for Education, 2018). The Coalition has long been calling for this approach to be fully implemented across the country, and this year we updated Public Health England's guidance on implementing a whole school and college approach (Public Health England, 2021).

Whilst the implementation of RSHE curriculum and the green paper proposals are welcome in increasing the resource available for mental health and wellbeing, our conversations with members, young people and parents highlighted significant concerns. This included gaps in the curriculum in subjects that can promote positive wellbeing, in responses to behaviour, in identifying need, and in staff training and development.

Our conversations also highlighted the importance of an inclusive education system, which prioritises the wellbeing of children and young people and supports everyone in education settings to thrive.

## Curriculum: Wellbeing at the heart of learning

There has been increasing concern about the lack of priority placed on wellbeing within schools and colleges (YoungMinds, n.d.). Schools and colleges need to be supported in giving equal priority to mental health and academic achievement – recognising that good mental health facilitates learning. It has been noted that the current system weighs heavily on the side of academic performance, which makes it difficult for schools to find the time to meet the mental health and behavioural needs of pupils.

‘There is a discourse for what we’re asking of schools and what schools are told to do; for example, we’re asking schools to support the mental health and wellbeing of young people, but at the same time they have all these restrictions and high targets around the academic side of things.’  
[Workshop attendee]

In addition to this, there have been concerns that growing academic pressures have reduced children and young people’s opportunities to take part in subjects such as art, drama, music and sport. For example, the Cultural Learning Alliance has reported that fewer arts GCSEs are now studied across England’s schools compared to a decade ago (Cultural Learning Alliance, 2020).

Non-academic skills or ‘life skills’ also exist alongside academic knowledge and can help build empathy, communication and resilience in young people. Previous research conducted by the Sutton Trust highlighted that both young people and teachers believe life skills are as or more important than academic qualifications

(Cullinane et al., 2017), but there is limited opportunity within the current curriculum to focus on the development of these skills.

Numerous studies have shown that taking part in subjects such as art, drama, music and sport can boost wellbeing. Many of these subjects are linked to The Five Ways to Wellbeing for children and young people, providing a framework of activities people can do to increase their wellbeing (Abdallah et al., 2014). Other studies have shown how learning through the arts and culture can improve attainment in Maths and English and can enable the development of skills and behaviours that support children and young people in school (Cultural Learning Alliance, 2017).

‘We got to bring back more of the fun stuff in schools, there’s been too much of the IT, music, art, sport being cut for the more serious stuff.’  
[Parent]

‘I think curriculum for life which supports actually teaching children life skills from a young age, whether that’s financial, political, things like that.’  
[Young Person]

‘What do we actually mean by education? What is the purpose of education? And what skills and attributes do we want children and young people to come out of the education system with? For me that’s not a whole list of exams.’

Workshop attendee



## Early Education

Whole education approaches begin with the early years. It is recognised that good quality early education has a positive impact on young children's development.

However, mental health and wellbeing support within early education is limited, with the pandemic placing additional pressures. The emotional wellbeing needs of the youngest children have been impacted by the pandemic, yet research conducted by the National Day Nurseries Association and the Education Policy Institute highlighted the lack of opportunities for staff working in early education settings to receive training on trauma and bereavement (National Day Nurseries Association et al., 2020).

There have also been longstanding concerns about the underfunding of early years settings, and these concerns have increased following the Covid-19 pandemic (Local Government Association, 2021). It has been noted that the current funding formula for childcare and nursery places exacerbates inequalities for children and young people from disadvantaged backgrounds. It is crucial that further investment is made so that we retain high quality early education and childcare that gives all children the best start to life.

## Managing and promoting behaviour

Addressing the mental health and wellbeing of pupils is crucial in schools' response to behaviour. Evidence suggests that delivery of mental health interventions have a positive effect on academic outcomes for children with behaviours that challenge. However, there has been longstanding concern regarding how children and young people's behaviour in schools and colleges is being addressed in particular through the increased use of punitive approaches to behaviour management. There has been a particular emphasis on these approaches as children have returned to school following the Covid-19 pandemic.

'It's been quite difficult to see the suggestions from the Government that we really need to be clamping down on bad behaviour.'

Workshop attendee

'The rhetoric around behaviour and some of the challenges children may face returning to the school environment.'  
[Workshop attendee]

The Government's rhetoric has enabled punitive approaches to behaviour management to flourish, which includes the use of restrictive interventions within schools. Thousands of young people every year are subject to some form of restrictive intervention, such as restraint, exclusion, isolation and seclusion, in schools in England for behaviours that challenge (Wilton, 2020).

In particular, evidence highlights that children with SEND disproportionately experience restraint and seclusion. A report from the Challenging Behaviour Foundation and Positive Active Behaviour Support Scotland found that of 720 children surveyed who had reported experiencing restraint, 61% had autism, 51% had language and communication needs, 30% had mental health needs, and 23% had learning disabilities (Challenging Behaviour Foundation, 2020).

Behaviours that challenge can often be the result of underlying conditions, unmet emotional needs, difficulties at home or poor relationships with family or peers, for example. Young people who show challenging behaviour are also more likely to have been exposed to trauma (Wilton, 2020). We know that such approaches can be harmful to children and young people's mental health and wellbeing. They have the potential to re-traumatise children, and in doing so can also drive even more behaviours that challenge.

The focus on behaviour is a key priority for the Government, demonstrated by the £10 million 'Behaviour Hub' programme and the launch of a new National Behaviour Survey in schools from September 2021. Members expressed concern that recent government policy initiatives do not recognise the links between mental health and behaviour.

“I've heard a number of people say about the unhelpful focus on behaviour and not seeing any links at all to mental health... whilst there is a lot of government talk about mental health and how important it is, and how they want to promote it positively and they're commissioning projects, they are just not making that link at all.”  
[Workshop attendee]

If we are serious about improving the children and young people's mental health and enabling schools to create positive cultures with good discipline and behaviour management, we need to embrace a different approach. Members recognised that whole school or college approaches are integral in promoting and protecting the mental health and wellbeing of pupils, and this should include the approach to behaviour.

‘Realigning the focus on behaviour and discipline in schools to incorporate a comprehensive whole school approach to mental health and wellbeing; including a trauma-informed understanding of behaviour.’

Survey respondent

There is also robust evidence of the impact of a sense of safety, belonging and wellbeing on student performance and engagement. A study on belonging by UCL and the National Education Union highlights practical examples that promote belonging, mental health and help to minimise the use of punitive approaches (National Education Union, 2020).

## Monitoring and identifying need

Identifying need and monitoring impact is a key component of a whole education approach, as early identification and intervention in schools and colleges can prevent young people's problems from escalating. Many of our members have long been calling on government to collect comprehensive data on children and young people's wellbeing.

Whilst the Office for National Statistics routinely collects data on the wellbeing of adults through the adult wellbeing measurement programme, no comprehensive data currently exists on the wellbeing of children and young people (The Children's Society, 2020).

Wellbeing measurement can have benefits at both a national and local level, including by providing an evidence base for different interventions, identifying new trends and pressures on wellbeing, and enabling both local and national government to track progress (The Children's Society, 2020). Members and young people also noted the benefits of measuring wellbeing within schools and colleges.

'I think almost voluntary screening tests in school, so you could take tests to see or have evaluations whenever you would like, to see kind of how you're actually doing from a professional standpoint would be a decent idea.'

Young person

'We've been calling for a long time with a wide range of partners for a single measure of wellbeing nationally. We are one of the few developed countries in the world that don't have one so actually you talk about gaps in evidence, but do we actually know what's going on in children and young people's lives, and how do we make the best decision around our resources, investment, policy structures... if we don't know?'

Workshop attendee

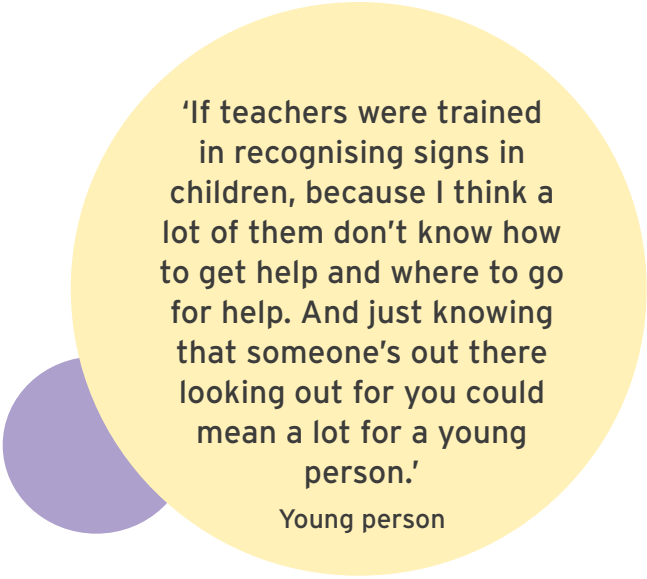
Some local areas have taken steps to implement wellbeing measurement in schools and colleges at a local level. For example, the BeeWell programme in Greater Manchester will survey pupils in secondary schools about their wellbeing in order to support schools to embed long-term improvements. We also welcome work from Department for Education to explore the further support schools need in measuring wellbeing.

## Staff development

The Government has taken steps over recent years to increase training for education staff on mental health and wellbeing. These include the teacher training module on physical health and mental wellbeing to support the RSHE curriculum, the Wellbeing for Education Recovery programme following the Covid-19 pandemic, and most recently the grant funding available to train a senior lead for mental health within schools as part of the green paper proposals.

However, evidence indicates that school staff feel they lack the skills and capacity to promote student mental health, and they often feel isolated when facing issues related to emotional wellbeing (McLaughlin et al., 2019). Findings from a systematic review carried out by the Early Intervention Foundation also found that teachers frequently report limited confidence in being able to respond to young people's mental health and behavioural needs (Clarke et al., 2021).


Further training for teachers on mental health and wellbeing was highlighted as a key area for change, and this was particularly identified by the young people we spoke to.



'If teachers were trained in recognising signs in children, because I think a lot of them don't know how to get help and where to go for help. And just knowing that someone's out there looking out for you could mean a lot for a young person.'

Young person

Training for teachers and staff within education settings to support the mental health of trans young people was also identified as a specific area of concern in relation to teacher training. Currently, no national guidelines are in place for education settings to support the mental health of trans young people, following a decision by the Equality and Human Rights Commission to no longer develop such guidance.



'Recently, there has been a removal of trans-awareness and guidance from schools. The Equality and Human Rights Commission says they aren't providing the guidance they are supposed to on trans young people. Teachers don't know how to do the right thing. The space isn't there to have these discussions.'

Workshop attendee

School authority figures also struggle to support trans young people because they are not aware of how to best to do so, or of the hugely positive benefit they could have on trans young people's mental wellbeing.

‘Training for teachers and a push for national government to include trans inclusion training for schools, as this would be massively helpful for teachers to see how they can better support trans young people around mental health.’  
[Workshop attendee]

## Case study: Compass Buzz

The Compass Buzz project, which covered 396 schools across North Yorkshire (England's geographically largest county), aimed to improve the resilience and emotional wellbeing of school-aged children and young people.

As a time-limited project, staff at Compass understood the systems they were recreating had to become self-sustaining; upskilling and empowering schools was fundamental.

The key components to achieving this were:

- Building relationships with busy schools to engage with the project
- Training and coaching staff at all levels across the school, and the wider children and young people's workforce – a rolling tiered programme to increase skills, confidence and competence in dealing with mental health concerns and promoting early help and prevention strategies.
- Responding to staff requests for support – to discuss a pupil's mild to moderate mental health concern and provide timely advice, support, resources, and signposting. This enabled staff to deliver preventative brief interventions with an individual or group of young people, or access other specialised support
- Training school staff to train and support pupils to become Peer Wellbeing Champions – new Champions can be trained every year
- Launching a Wellbeing Network of schools and colleges – we engaged the schools and organised and chaired the first sessions, handing over to the schools to facilitate themselves after nine months.

The programme has seen a vast number of examples of how schools have brought mental health awareness to life; from incorporation into curriculum planning, to the creation of 'quiet corners' for anyone who needs quiet time.

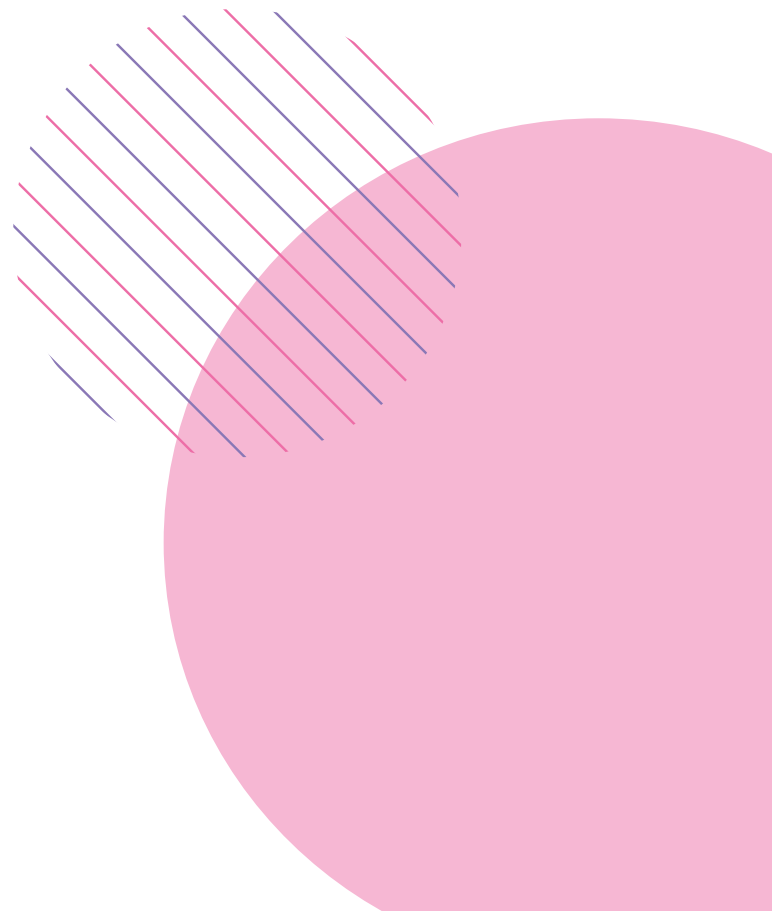
Schools have reported how wellbeing is becoming part of school culture: for example, Ofsted reported that one school saw significant improvements in behaviour since working with pupils on developing a much greater understanding of their emotions and their mental health.

## Higher education

In recent years, there have been calls for the higher education sector to adopt a whole-university approach to mental health following increasing concern over student mental health. Such an approach should include adequately resourced, effective and accessible mental health services and proactive interventions, alongside providing an environment and culture that supports good mental health (University Mental Health Charter, n.d).

To ensure such an approach is implemented across institutions, the Higher Education (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 to make mental health a university-wide priority. This Charter was created in response to the limited guidance available on how universities should support the mental health and wellbeing of the university community (Hughes et al., 2019). Student Minds have invited universities to join the Charter Programme, which brings together those committed to achieving a whole-university approach to mental health and wellbeing and supports them to create cultural change. Programme members can also apply for the Charter Award to recognise excellent practice and encourage ongoing improvement across higher education.



## Summary

Overall, the increased availability of mental health support within education settings through the green paper proposal was welcomed. However, members have had long-standing concerns regarding the ambition and slow implementation of the proposals. Member concerns about Mental Health Support Teams were reflective of the findings within the early evaluation.

Whole education approaches are crucial in ensuring the mental health and wellbeing of all pupils and students is promoted and supported. Whilst positive steps have been taken in implementing these, our conversations with members, young people and parents still highlighted significant gaps. Our findings highlight that we need a more systematic approach to implementing whole education approaches that is sufficiently resourced. What is more, education settings need to be given the capacity to make these changes, which can be challenging when working in a context of competing academic pressures.

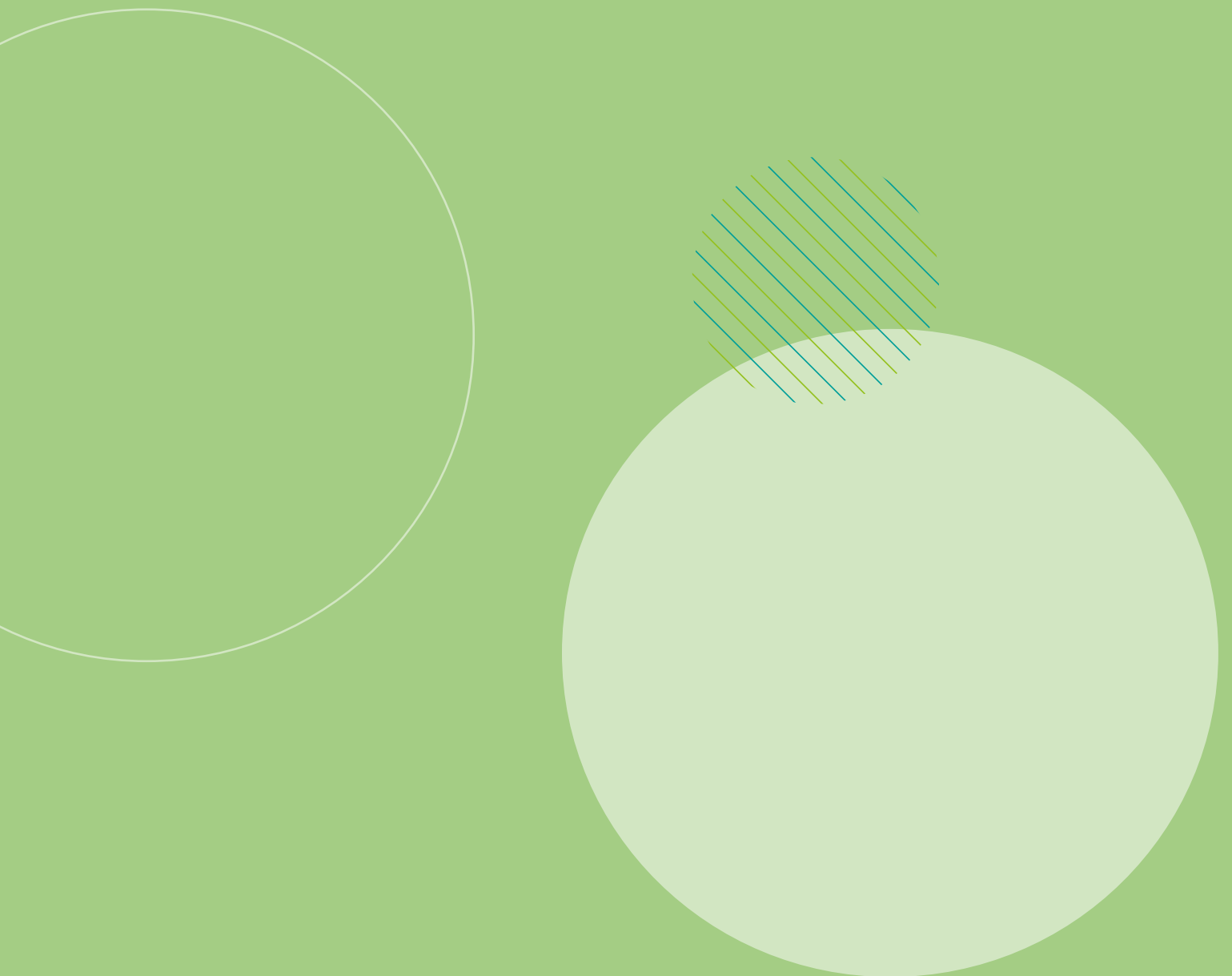
## Recommendations

- The Government should ensure that mental health and wellbeing is placed at the heart of educational recovery and is given equal priority to academic catch-up. In order to achieve this, the Government should continue to accelerate commitments set out in the Green Paper, including the rapid expansion of Mental Health Support Teams.
- The Department for Education should develop a national implementation programme to support every school, college and university to adopt a whole education approach to mental health and wellbeing.
- The Department for Education should update guidance on behaviour in schools to ensure pupils benefit from an evidence-based approach to behaviour support and management, including measures to reduce inequalities. Guidance should also make clear the links between behaviours that challenge and mental health, and that additional support should be provided.

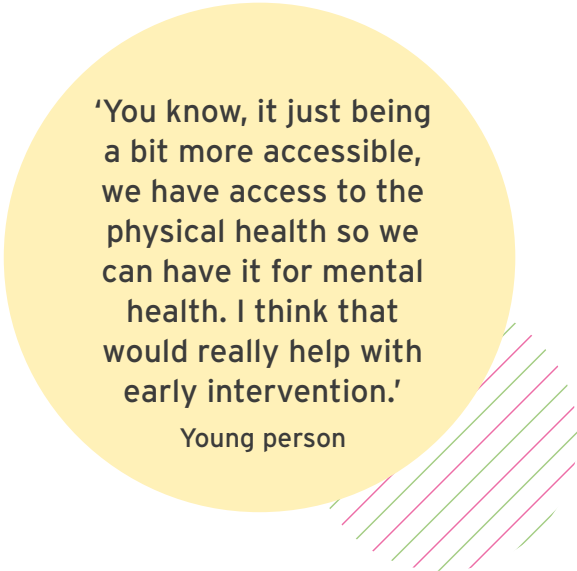


# Chapter 3

## Babies, children, and young people's mental health in the community



# Overview



'You know, it just being a bit more accessible, we have access to the physical health so we can have it for mental health. I think that would really help with early intervention.'

Young person

The emotional needs of many babies, children, young people and their families can often be effectively met in the community by wider support services including children's centres, youth provision, faith groups, social care, local authority children and public health services (including health visiting), and probation. The voluntary and community sector (VCS) plays a central role in providing such support.

Many of these services seek to destigmatise mental health problems and normalise help-seeking behaviour. They identify needs early and provide preventative and low-level mental health support such as counselling or drop-in provision, providing help and advice not only on mental health but also on issues such as housing, debt and sexual health. This can reduce referrals to more costly specialist support, thereby freeing up much-needed capacity in the system.

Findings from a recent review of the system by the National Audit Office demonstrate the need to re-balance current and future investment from late intervention, crisis, and urgent care to early intervention

provision in local communities (National Audit Office, 2018).

Responsibility for the provision of early support services in the community is shared between the NHS and local authorities. However, there is a significant lack of accountability and transparency across local areas as to who is responsible for ensuring provision is available. As a result, the availability of community services is patchy and there is no standard model for the type of support that should be in place. This is also complicated by a lack of dedicated funding for local areas to provide services of this kind.

Conversations with members, young people and parents highlighted the importance of early intervention support that is accessible to all children and young people. Whilst they recognised that investment has been made in mental health provision, they felt that long-term sustainable funding was not in place for organisations working in the community, resulting in a lack of availability of services.

## Policy context

Previous commitments have been made by government to improve the availability of mental health support in the community, most notably through Future in Mind (2015-2020). A key component of the plans included making mental health support more visible and easily accessible for children and young people. One way of delivering this would be through every area having 'one stop shop' services. These services would provide mental health support and advice to children and young people and would build on and harness the vital contribution of the voluntary sector. Following Future in Mind, some areas

have invested in community services in the form of 'one stop shops' but this is far from standard provision. Measuring progress against this recommendation is hampered by the lack of data collected on the availability of these services, and the lack of accountability and dedicated funding provision in local areas (The Children's Society, 2021).

More recent policy initiatives such as the green paper and the NHS Long Term plan have focused on expanding access to mental health support through schools and the NHS, with little consideration of what can be put in place to support children and young people within community settings. What is more, the fragmentation of policy delivery across government has meant there has been a lack of a coordinated response. As a result, little progress has been made in recent years in implementing mental health support services within the community for children and young people, with this being determined at a local level.

The Prevention Concordat for Better Mental Health also aims to facilitate local and national action around preventing mental health problems and promoting good mental health. The Concordat is intended to provide a focus for cross-sector action to deliver an increase in the adoption of public mental health approaches across local authorities, the NHS, the VCS, educational settings and employers.

Public Health plays a crucial role in providing support in the community through services such as health visiting and school nursing. Earlier this year, the Government announced the disbandment of Public Health England. A new Office for Health Improvement and Disparities will be set up which will be made up of current health improvement, prevention, and health care

public health functions. This new office will sit within the Department of Health and Social Care (Department of Health and Social Care, 2021a).

## What needs to change?

We need a more effective and systematic approach to supporting babies, children and young people with their mental health in the community, which prioritises prevention and early intervention. The Office of the Children's Commissioner estimates that there are around 1 million children with 'lower-level' and emerging mental health needs, who would benefit from some form of mental health support but do not require specialist care from NHS Children and Young People's Mental Health Services (Children's Commissioner, 2020).

Services providing mental health support in the community play a crucial role in addressing needs at an early stage, preventing escalation and the potential for later, more costly referrals to specialist services. It is important to highlight that these services sometimes also support young people with more complex needs when they are unable to get support elsewhere. However, there is patchy provision of these services across the country due to a lack of sustainable funding and confusing commissioning arrangements.

For example, in recent research conducted by The Children's Society and YoungMinds on the role of GPs in early support for young people's mental health, it was highlighted that there is a variation in the availability of sub-threshold support. GPs stated their frustration with the lack of availability of services to which they could signpost

children and young people (YoungMinds et al., 2021).

Our evidence-gathering process with members, young people and parents showed that more early support services that sit outside of NHS services and schools are needed. Members told us that there is *‘too much emphasis on the clinical side of things without thinking of the things that really matter to young people and families.’*

Community-based services can play a key role in improving access to support, especially for those who find it hard to access support through ‘traditional’ routes. For example, findings from Centre for Mental Health’s Shifting the Dial programme (which seeks to promote the mental health of young Black men in Birmingham) have shown that the mental health and wellbeing of young Black men has been more acutely affected by the Covid-19 pandemic (Abdinasir et al., 2021). However, research shows that young people from racialised communities are traditionally underrepresented in traditional talking therapies.

Findings from a study of Youth Information Advice and Counselling Services (YIACS), who provide community-based counselling services, found that these services served a significantly higher proportion of young people from racialised and marginalised communities compared to NHS services and school-based counselling (Youth Access, 2021).

## Early support hubs

In recent years, there has been growing consensus from the children’s mental health sector about the early support hub model as an important mechanism for improving young people’s access to early help in the community.

Early support hubs offer easy-to-access, drop-in support on a self-referral basis for young people with sub-clinical mental health difficulties or with emerging mental health needs, up to age 25. They can be delivered in partnership with local authorities, or through the voluntary sector depending on local need and existing infrastructure. A mix of clinical staff, youth workers and volunteers provide a range of support on issues related to wellbeing while additional services can be co-located under one roof, offering wrap-around support across, for example, psychological therapies, employment advice, youth services and sexual health services.

Early support hubs are based on existing services models from the UK and internationally. Youth Information Advice and Counselling Services (YIACS) are already available in some parts of the UK (Youth Access, 2018). These services have long been hailed as a key pillar of young people’s mental health support in the community.

Evidence highlights that the early support hub model delivers a number of benefits including comparable outcomes to clinical services, increased accessibility, being youth-led, and being associated with cost savings (The Children’s Society, 2021; Youth Access, 2021). Our conversations with young people and parents also highlighted the importance of having services of this kind.

'We don't want behavioural hubs; we want mental health hubs.... for me it's having a range of interventions. It's not just about counselling it, you know its bringing in the arts, the music and...sport and everything that we've got access to, that we know is good for children and including families, not just the children but whole family mental health hubs.'

Parent

'It's kind of like a massive dream for me...I would love to have a massive business in the centre of Birmingham where everyone can have the help they need...I was thinking of making it free where everyone can go and get the help they need or if schools and colleges, even universities, where I can send professionals to have one to one support.'

[Young person]

### Case study: Streetwise

Streetwise is an early support hub in Newcastle which aims to support the physical and mental health of young people aged 11-25 years by providing advice, information and support, without discrimination, in a common effort to advance education and to provide facilities in the interests of social welfare.

The service is based on the Youth Access YIACS model, providing young person-centred information, advice and guidance, mental health and wellbeing support (counselling), contraception and sexual health services and detached/outreach youth work. The service offers early help via Children and Young People's Wellbeing Practitioners (CYPWPs) for 11-18s with low mood or anxiety. Young people who have received support from the service have stated:

"My counselling sessions have really helped me come to terms with the most difficult time in my life and I am now in a place where I feel able to cope better with ongoing situations"

"I'm such a positive person now, like if you had told me before all this how much happier & more positive I'd be, I would have laughed and thought you were joking"

## Funding for the voluntary and community sector (VCS)

The report has previously highlighted concerns surrounding the sustainability of the VCS following the Covid-19 pandemic. However, prior to the pandemic funding for these services was already piecemeal, with no one agency accountable for providing investment in these services.

The VCS plays a crucial role in providing early support for mental health and wellbeing. In their 2019 report on early access to mental health support, the Office of the Children's Commissioner estimated that around £226 million was spent on low-level mental health services in the financial year 2018/19 (Children's Commissioner, 2019). It was found that the split in spending on these services between local authorities and the NHS was fairly equal, but local authority spending in this area has been falling (Children's Commissioner, 2019).

In recent years, funding for local authority children's services has dramatically fallen, and analysis completed by the Children's Services Funding Alliance highlights that there has been a 48% decrease in local authority spending on early intervention services between 2010/11 and 2019/20 (Franklin et al., 2021). What is more, it has been noted that services for the youngest children have been hit particularly hard, in part because many services for babies are not statutory (First 1001 Days, 2021).

The lack of dedicated and sustainable funding for services based in the community can therefore make for a challenging environment in which to establish and effectively run these services. This was raised through our conversations with members who were concerned about the sustainability of funding for the voluntary

and community sector organisations who provide this support.

‘We've heard anecdotally a lot of money sloshing about locally so our members who often will be funded by a mix of funding streams but including local authorities or CCGs, there has been money around, but the concern has been, as it always is, what's going to happen in the medium to long term?’  
[Workshop attendee]

Supporting organisations working within the community will therefore require, at the minimum, flexible and sustainable funding to ensure their vital work can continue.


## Addressing mental health inequalities

It is widely recognised 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 (Abdinasir et al., 2020). These can include experiences of trauma, adversity, inequality, racism and discrimination, poor housing, having a parent with mental health problems and parental conflict. These pre-existing inequalities in mental health have been exacerbated by the Covid-19 pandemic. The same people who have been hit hardest by the pandemic – including young women, young people from racialised communities and young people living in poverty – already experienced the worst mental health prior to the crisis (Youth Access, 2020).

Findings from Youth Access explore the inequalities experienced by young people in the pandemic, including heightened education inequalities, growing levels of poverty and destitution, the devastating impact on employment and income, and

young people living in unsafe households (Youth Access, 2020).

Prevention can play a crucial role in addressing the social factors and stressors that impact on population health.



**'Mental health is made up of protective and risk factors. Prevention is essentially building the protective factors and mitigating the risk factors.'**

Workshop attendee

‘I think just funding mental health services isn't enough, the reason there is an increase is due to so many things in society. So I think if there is funding and support put into the homelessness crisis, especially in young people, and food and digital poverty...once you look at all the things in society that are causing pressure and low health for young people, then you can start getting services to support them.’

[Young person]

However, members expressed concern that the role of prevention has seemingly been de-prioritised by the Government in recent years, pointing to the loss of the Prevention Green Paper in 2019, and more recently the disbandment of Public Health England.


‘The prevention green paper was the Government's main strategy in this area and it's disappeared from view, no one is talking about it anymore...it doesn't seem to be a priority anymore.’

[Workshop attendee]

‘We have gone through a pandemic which has highlighted lots of issues around inequalities and clearly highlights a call for more preventative work, but Public Health England has been abolished...there is still no home for the public mental health work...the fact they are not talking about it shows it is an after-thought and that the Government are de-prioritising this area of work.’

[Workshop attendee]

Members emphasised the crucial role of preventative work and called for concerted action to be taken across government to ensure preventative approaches are prioritised in addressing mental health inequalities.



**'My experience is that we still seem to be working in a system that people wait to become unwell before we begin with the preventative approaches, and sometimes that feels too late.'**

Workshop attendee



## Summary

Early support services within the community play a key role in providing prevention and early intervention and are a crucial part of the mental health system. Much of this support is provided by the VCS, which includes many of our members.

However, complex commissioning arrangements and a lack of funding makes it tricky for services of this kind to be established. Where they are in place, they are reliant on short-term funding contracts which results in a precarious working environment, not knowing if funding will be renewed. There is also a lack of ownership for these services, with local authorities and the NHS taking varying levels of responsibility across different local areas.

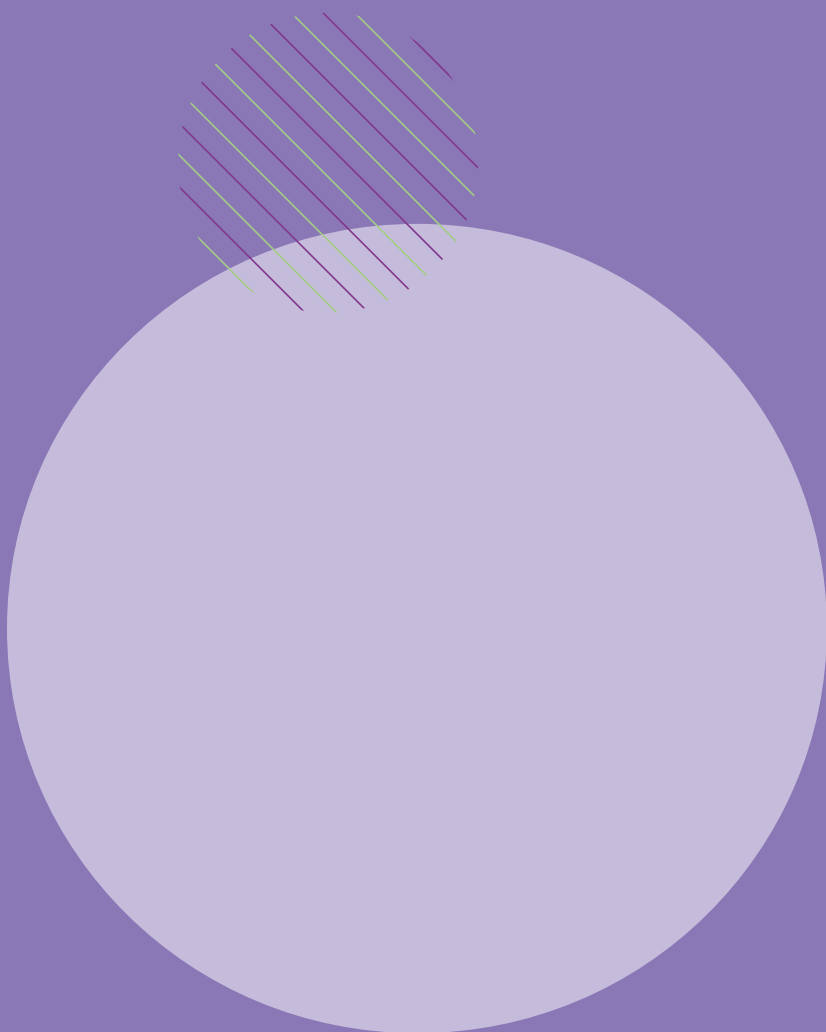
The early support hubs model has been recognised as an effective mechanism to providing early support to children and young people in the community, providing a youth-led and accessible approach.

## Recommendations


- The Government should fund a network of early support hubs to be rolled out across the country, which would provide young people somewhere to go when they need support with their mental health.
- The Department for Digital, Culture, Media and Sport should provide VCS organisations with a sufficient financial recovery package to ensure they can continue to deliver their vital work.
- The Government should take concerted action across all its departments of state to prevent and address the stark inequalities in mental health through the promotion of preventative initiatives. The Levelling Up agenda presents an opportunity to address some of these challenges, in partnership with the VCS.

# Chapter 4

## Improving mental health outcomes



# Overview



'I think all that support forgets that not all young people will go down the traditional route of accessing CAMHS or NHS support and for whatever reason it is, whether it's where they live or they don't feel comfortable accessing those services, or they don't meet the criteria.'

Workshop attendee

Over recent years, there has been increased policy focus on babies, children and young people's mental health and wellbeing. This has followed longstanding concerns over the complexity of the mental health system, the lack of timely and accessible help for those experiencing distress, the lack of appropriate support for those with additional needs and vulnerabilities, and the variability in regions and local areas.

Children's mental health care has historically been described as a 'Cinderella service', with high numbers of children not accepted into treatment and long waits for those who can get onto waiting lists (Children's Commissioner, 2021). Consequently, there has been a range of policy commitments aimed at transforming children and young people's mental health provision, and initiatives developed in response to the Covid-19 pandemic.

Our 2020 Annual Report found that the Covid-19 pandemic had placed additional pressures on these services (Abdinasir et al., 2020). Many children and young people with mental health problems have struggled to access support (YoungMinds, 2021). This

is a major concern given trends in rising rates of mental health problems, including the mental health impact of the pandemic on children and young people's mental health, which evidence suggests will create or exacerbate mental health problems amongst 1.5 million young people under 18 (O'Shea, 2020).

Our members collectively agree that aspirations to transform specialist mental health support for babies, children and young people have been welcome, but they are still work in progress. In this final chapter, our members reflect on the progress being made through the NHS Long Term Plan, and the progress and challenges in other areas within the health system.


## Policy context

The NHS Long Term Plan (2019) includes proposals to expand access and support to improve the mental health of those aged 0-25. This involves a commitment to invest in children and young people's mental health services at a faster rate than both overall NHS funding and total mental health spending, as well as the expansion of services through Mental Health Support Teams (MHSTs) and crisis and eating disorder services. The Long Term Plan also includes measures to improve support for young adults aged 18-25 to facilitate smoother transitions (NHS, 2019).

Central to the delivery of the Long Term Plan is the establishment of new integrated care systems (ICSs) which seek to bring together local organisations under shared leadership and planning to promote 'triple integration' across primary and specialist care, physical and mental health care, and health with social care (NHS, 2019). Guidance and legislation to establish ICSs are still in development.

## Our members' views on the NHS Long Term Plan

NHS England has continued the roll-out of the Long Term Plan throughout the course of the pandemic. Our members welcomed this commitment and agreed that the proposals laid out in the plan would improve mental health service provision for children and young people.



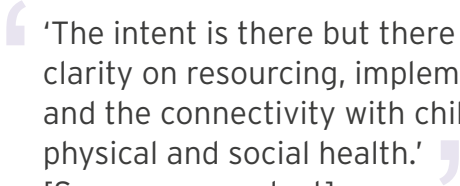
'We were pleased to see a number of commitments in the Long Term Plan that may give autistic children and young people a clearer path to get the support they need.'

Survey respondent

'The NHS Long Term Plan makes a number of targets to increase access to young people's mental health services which will improve the support that is available to young people.'

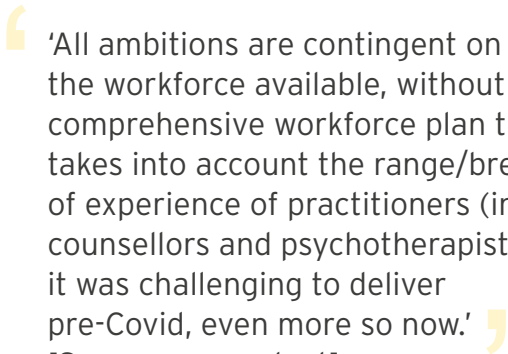
[Survey respondent]

However, some noted concerns about how the proposals will be achieved in practice. It was also identified that the plan is contingent on ensuring the workforce is in place to deliver the proposals.



'The intent is there but there is less clarity on resourcing, implementation and the connectivity with children's physical and social health.'

[Survey respondent]



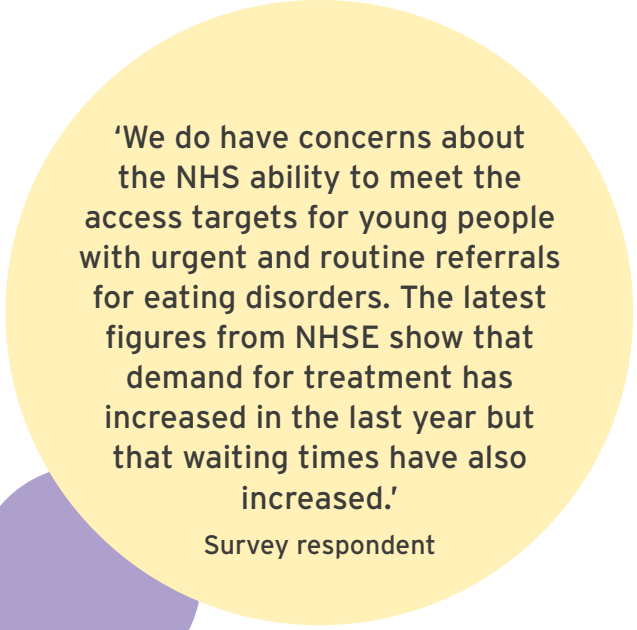
'All ambitions are contingent on the workforce available, without a comprehensive workforce plan that takes into account the range/breadth of experience of practitioners (including counsellors and psychotherapists), it was challenging to deliver pre-Covid, even more so now.'

[Survey respondent]

What is more, following the pandemic and the impact on children and young people's mental health, members noted that further investment and resource will be needed to ensure the plan can reach its targets. A total of £2.3 billion was made available to implement all mental health commitments included in the Long Term Plan, including those for children and young people. Without additional investment, there was concern as to whether the Plan would be able to meet these goals.

'Prior to the pandemic, the NHS Long Term plan was not on track to meet its goal and due to the pandemic, it is impossible to tell.'

[Survey respondent]

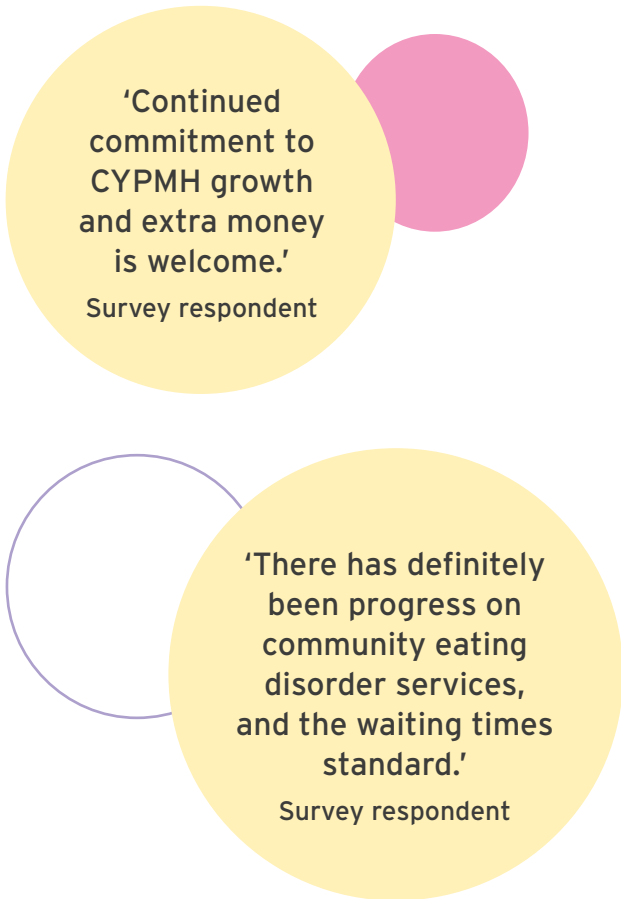


'We do have concerns about the NHS ability to meet the access targets for young people with urgent and routine referrals for eating disorders. The latest figures from NHSE show that demand for treatment has increased in the last year but that waiting times have also increased.'

Survey respondent

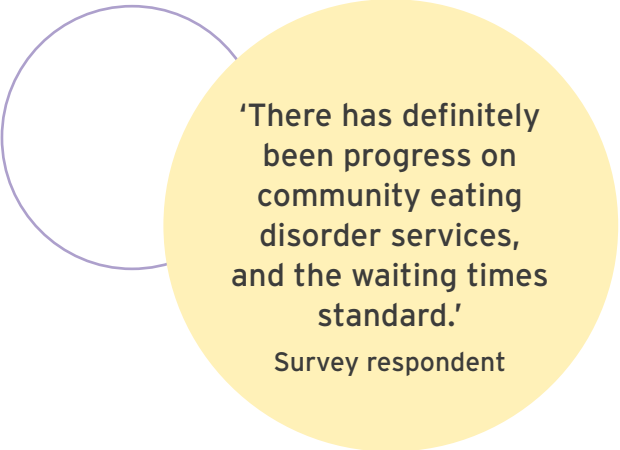
## What has been working well?

The Government has continued to deliver on key policy commitments within the NHS Long Term Plan, such as the roll out of Mental Health Support Teams. During the pandemic, the Government also invested further in crisis and eating disorder services for children and young people (NHS England, 2021; NHS England, 2020). The Government has recently committed an additional investment of £5.4 billion to the NHS over a six-month period to support its response to the Covid-19 pandemic and to help tackle waiting lists (Department of Health and Social Care, 2021b). As we write this report, NHS England are also consulting on new access and waiting times standards for community-based mental health services (for children and for adults), and urgent and emergency mental health care for people of all ages, which is a positive step.



'Continued commitment to CYPMH growth and extra money is welcome.'

Survey respondent



'There has definitely been progress on community eating disorder services, and the waiting times standard.'

Survey respondent

There are also currently a number of legislative changes under way that seek to improve outcomes for children and young people accessing mental health services. The Mental Health (Use of Force) Act, also known as Seni's Law, was enacted in 2018 to end the use of excessive force against people in mental health inpatient wards. The Act is yet to be implemented but, at the time of writing, is subject to consultation about how it will be used in practice.

Earlier this year, we worked with our members to respond to consultation on the Government's Mental Health Act reform white paper, to highlight the impact of the proposals on children and young people (The Children and Young People's Mental Health Coalition, 2021). Overall, we welcome measures to modernise the Act, but we have asked the Government to clarify how specific measures will work in practice for under-18s. This includes the processes by which children and young people will be able to select a Nominated Person and ensuring access to advocacy for young people informally admitted to a mental health hospital.

In July 2021, the Health and Care Bill was introduced in Parliament. This represents the largest legislative change for health services since 2012. The Bill proposes changes to decision-making at the national and local level, including new duties for NHS integrated care boards and councils to collaborate. While some of these changes are welcome, it is not yet clear how integrated working requirements will benefit babies, children, and young people (National Children's Bureau, 2021).

# What needs to change?

Over the last year, infant, children and young people's mental health services have continued to face pressures, including rising demand for support and a lack of capacity due to the ongoing pandemic. Evidence from our members, children and young people, and parents suggests that these services require urgent attention and investment to prevent those struggling with their mental health from reaching crisis point.

A recent survey by NHS Providers found mental health services for children and young people are under growing pressure and increasingly overstretched, despite significant support and investment. A large majority of trusts said they could not meet demand for eating disorder services, and for child and adolescent community and inpatient care (NHS Providers, 2021). Of those surveyed by the membership body, 100% of mental health trust leaders said that the demand their trust or local system is experiencing for children and young people's services is significantly (80%) or moderately (20%) increasing, compared to six months ago (Ibid). Trust leaders provided several reasons for what lies behind these rising pressures, including children and young people presenting with more severe and complex symptoms, additional demand due to the pandemic, and lack of suitable social care provision (Ibid).

Referral data also reinforces this. Analysis of NHS data by the Royal College of Psychiatrists has found that 190,271 children and young people were referred to children and young people's mental health services between April and June 2021, up by 134% on the same period in 2020 (Royal College of Psychiatrists, 2021).

Children and young people requiring urgent and crisis support have also faced difficulties over the last year. In particular, there has been growing concern about the rise in demand for eating disorder services, with findings from NHS Confederation showing that the number of young people receiving urgent care for eating disorders has increased by 141% between quarter four in 2019/20 and quarter one in 2021/22 (NHS Confederation, 2021).

There is also a lack of specialist support for babies and toddlers. A survey of professionals working within children and young people's mental health services by our member, the Parent-Infant Foundation, found that just over a third (36%) of respondents reported that there are mental health services that can work effectively with babies and toddlers aged 0-2 in their local area (Parent-Infant Foundation, 2021).

Our engagement with members, children and young people, and parents and carers has identified areas for improvement to ensure specialist mental health services work most effectively.

## Access to treatment

There have been longstanding access issues for children and young people needing specialist and urgent mental health support. Many of those we have engaged with cite ongoing issues around high thresholds for support which result in too many children and young people being turned away because they are not deemed 'ill enough'. Recent findings from the Children's Commissioner show that 4% of children accessed mental health services in 2019/20, equivalent to one in four who needed services (based on the 2020 NHS Digital prevalence data) (Children's Commissioner for England, 2021). While this is concerning, there has been marginal improvements in recent years.

While there has been a focus on improving access to provision through the NHS Long Term Plan, it is clear that there is still much more to do to ensure children and young people are able to access early and appropriate support.

‘I know the thresholds are really high but some of that is to do with lack of resources... it's massively underfunded so the thresholds get higher and higher.’  
[Workshop attendee]

‘People are having to make their symptoms worse to get onto CAMHS lists.’  
[Young person]

Members also told us that they often find it difficult to refer onwards to specialist children and young people's mental health services when working with young people presenting with more complex or serious mental health problems.

‘The biggest challenge we have [as a small charity] is that we try and support people and try and refer them up and then they get a ‘no’, that they don't meet clinical threshold. I think actually something that is needed... is a look at clinical thresholds and criteria, because they sit so far from the medical model. So much of it is about you being really ill before you can access support, but I think actually looking at that model where referrals are made to local organisations could be included as part of that.’  
[Workshop attendee]

As highlighted earlier, fragmented commissioning has also contributed to huge variability in what support is available locally, which continues to fuel a 'postcode lottery' in provision. One member notes that this is an ongoing issue which is yet to be addressed.

‘The conversation we've all had for a long time on this issue is variability, there is huge geographical variability. There is one kind of commissioning in one place and another in different areas, how are children and young people supposed to access services consistently?’

Workshop attendee



## Investment in specialist and crisis mental health services

Capacity within children and young people's mental health services is hampered by inadequate and unsustainable funding arrangements. Funding levels also appear to vary greatly between local areas. Analysis from the Office of the Children's Commissioner found that eight local areas spend less than £40 per child on mental health services, while 21 areas now spend more than £100 per child (Children's Commissioner for England, 2021).

While the pledge set out in the NHS Long Term Plan (to invest in children and young people's mental health services at a rate faster than both overall NHS funding and total mental health spending) is welcome, there is still a perception that the funding allocated to date is not reaching the frontline fast enough. Members, young people and parents and carers we spoke to all emphasised the need for further funding in order to rapidly expand mental health provision.

**'Recognise that CYP mental health requires more investment if we are to have long term effects on adult mental health - and make that investment. Investment in both service delivery and in research for CYPMH is the poor relation to adult mental health and it should be the other way around - it should be investing in a preventative and longer-term improvement for adults as well.'**

Survey respondent

**'Services need to be more needs-led and money needs to be ringfenced to guarantee that it's going to be spent as the Government is telling us in their fantastic new report, that needs to happen in the communities. Let parents decide, let young people decide... not services telling us how it should be spent.'**

[Parent]

**'I don't know how it works in other places, but here CAMHS directly works with charities to support young people who don't meet the threshold for CAMHS, but those services are having to stop and are being closed down more because they aren't funded...'**

[Young person]

One workshop participant noted that the current commissioning landscape for children and young people's mental health is difficult to navigate. There is also much uncertainty around where commissioning decisions will lie in the future, following the move towards integrated care systems (ICSs) and the disbandment of Public Health England.

**'The landscape around commissioning at the moment is just a minefield. You know with the CCGs, ICSs, Public Health all joining, a lot of the commissioners I speak to, a lot of them don't actually know what's going on and I'm just wondering how that's going to play out when it comes to procuring for future services. Are more specialist voluntary sector [organisations] going to get more swamped by NHS or large providers because they've got those links already in the areas they work in?'**

[Workshop attendee]

Alongside investment in specialist and crisis services, some members expressed concern that little investment has made in wider such services as social care and education, and the integration between these services and health.

'Funding needs to be wider than the NHS if the NHS is to deliver.'  
[Survey respondent]

'There is not enough money invested in supporting improvements to support integrated working (across social care, CYPMH and the voluntary sector) for vulnerable children... Neuro-disability is also an area requiring more investment than currently - as well as SEND - which is a system in crisis.'

Survey respondent

## Workforce development

Workforce expansion and development continues to be the biggest risk in efforts to expand and transform children and young people's mental health services. Whilst some progress has been made in expanding the workforce, there still are workforce shortages in some specialist areas, such as parent-infant teams. In June 2021, a survey of the infant, children and young people's mental health workforce found significant gaps in knowledge and skills relating to work with babies and toddlers. During their pre-qualification training, 26% of respondents had not been trained to work with 0-2 year olds (Parent-Infant Foundation 2021).

Burnout and stress are also major concerns for all those in health and care settings which have been further exacerbated by the pandemic. Improving capacity in services by growing the workforce and promoting staff wellbeing will help reduce the overall pressure and strain on the children and young people's mental health system.

The Government's Covid-19 mental health and wellbeing recovery action plan published in spring 2021 included a £111 million investment in the training and education of the NHS mental health workforce in 2021-22 to deliver the NHS Long Term Plan (Cabinet Office and Department of Health and Social Care, 2021). Whilst this investment is welcome, members noted that further action is needed to expand and upskill the children and young people's mental health workforce at the pace required.

'Use the existing well trained, qualified and skilled mental health workforce to address children and young people's mental health needs.'

[Survey respondent]

'Have a clear workforce strategy for sustained recruitment and retention.'

[Survey respondent]

Members also note ongoing gaps in provision for children and young people with complex, co-occurring, and long-term conditions. For example, our previous report *Overshadowed* revealed the huge challenges young people with learning disabilities face in accessing mental health care, partly due to the lack of training and awareness around learning disabilities within children and young people's mental health services (CYPMHC, 2019).

'These children with long-term health needs and often complex needs...they really need really specialist support and access to trained health professionals who can help and support their mental health. As well as the things schools are providing... a lot of the people in school don't often have the experience to deal with these young people... there is still a group of children out there who's mental health needs are not being dealt with as they should.'

[Workshop attendee]

One member highlighted the need to invest in research into interventions for young people whose needs have been historically under-researched and continue to be poorly met, such as autistic young people.

'Improving treatments for anxiety and other mental health conditions in autistic people is largely a research challenge - because we don't know what works, autistic people are often given little to no support until they reach a crisis point. This year has demonstrated the amazing things that can be achieved through investment in research infrastructure, and we are keen to work with NHS and Government bodies to make these breakthroughs possible for autistic children and young people.'

Survey respondent

Parents and carers also play a critical role in the mental health of their babies, children, and young people. However, too often they are not consistently regarded as valuable sources of support. Many of our

members, parents and carers, and young people highlighted the untapped potential of parents and carers in providing advice, information and support to young people, as well as offering vital peer support to one another.

'There is a lack of evidence on parent/carer peer support in children and young people's mental health. Over lockdown we've bought together the Place Network through the Charlie Waller Trust, which is a network of parent/carer-led support projects across the country... I think it's a real area of expertise.'

Workshop attendee

'I was thinking more of bringing parents in because I feel like a lot of young people suffering from mental health issues grow up in an environment where they have parents with mental health issues, so like the mother could be experiencing depression and the child could be carrying the weight of that on them going to school, like worrying about their mum, 'how can I help my mum get better?'. That's a lot for a child to carry. So I don't know, maybe something to just bring parents in, like support for everyone.'

[Young person]

'Parents, carers are the biggest resource in children and young people's mental health, value and work with us.'

[Parent]

## Summary

While ongoing commitments to expand and transform specialist mental health services for children and young people are welcomed by our members, progress continues to be slow and variable.

The NHS Long Term Plan includes positive commitments to expand and invest in specialist services and, while some commitments have been quickly implemented (such as the expansion of Mental Health Support Teams) other proposals are yet to be taken forward. In recent years, there have also been positive steps to strengthen mental health legislation to better protect people's rights and improve provision. It is important that these measures consider the unique rights and experiences of children and young people and their families.

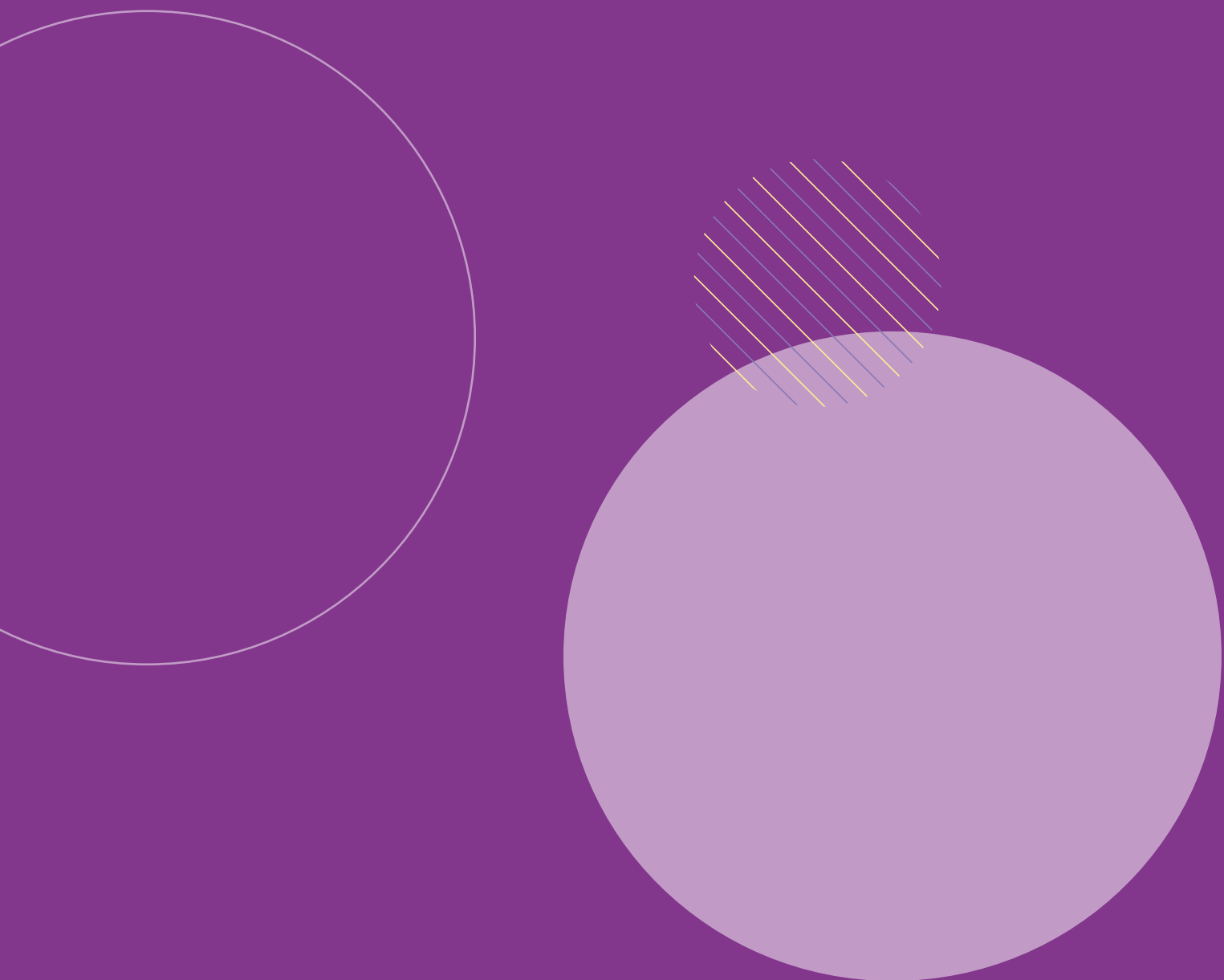
Members, young people, and parent and carers have all raised concerns about the growing pressures NHS children and young people's mental health services face, including long waits, higher thresholds, and workforce shortages. Children and young people with multiple and complex needs, such as those with learning disabilities and autism, also continue to be poorly served by services.


Overall, there are opportunities to build on existing government initiatives to increase access to specialist mental health provision, and to grow the workforce through greater investment and a clearer implementation roadmap.

### Recommendations

- The Department of Health and Social Care should ensure that the new funding settlement for the NHS prioritises children and young people's mental health and can be used to deliver commitments in the NHS Long Term Plan on children and young people's mental health.
- The Department of Health and Social Care should ensure that forthcoming legislative changes and guidance linked to the Health and Care Bill, the modernisation of the Mental Health Act 1983, and the 2018 Mental Health (Use of Force) Act effectively consider the unique needs of infants, children and young people.
- The Government should develop an overarching infant, children and young people's mental health workforce plan which includes all those supporting this population group. This should be backed by a multi-year settlement for workforce training and development.
- The Government should take forward proposals to introduce new access and waiting time standards and ensure there is transparency in reporting and robust equality monitoring.

# Conclusion



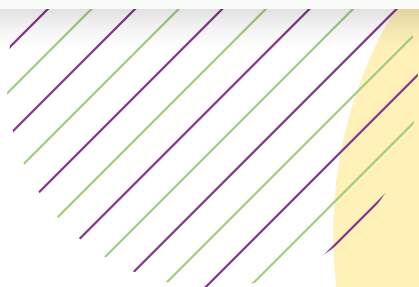


The last year has been challenging for our members, for children and young people, and for parents and carers. Members have worked hard to continuously provide support to the children, young people, and families, and to meet the ever-rising levels of need. The pandemic has highlighted the vital role of the voluntary and community sector in providing mental health support to babies, children and young people, and it is crucial that this role is recognised.

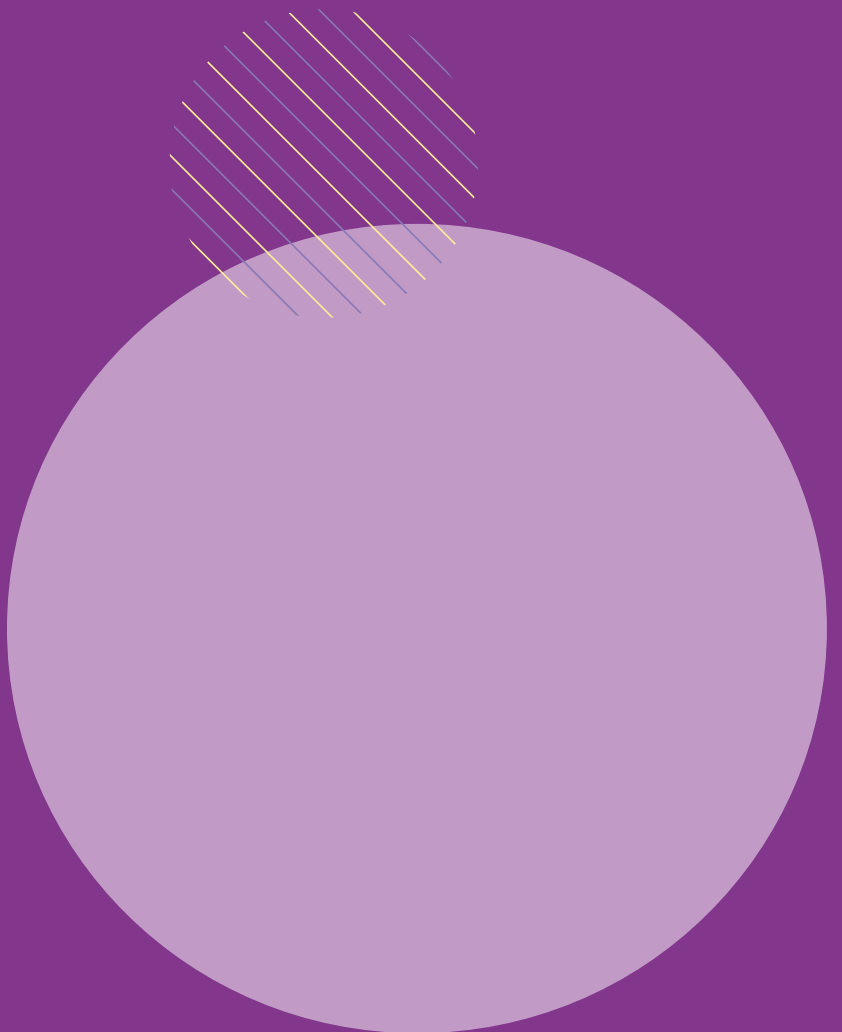
Whilst steps have been taken to improve the accessibility of mental health support in education, health settings and the community, gaps still remain. Babies, children and young people still struggle to get the support they need at the right time and in the right place.

The pandemic has taught us that collaboration is key. Improving the mental health and care of children and young people means that people and systems need to work well together at every level. Systemic barriers to improved mental health support have included poorly aligned strategies and funding streams, patchy or inconsistent data, and workforce shortages. Overcoming these barriers will be vital to ensure new investment is used well and every opportunity is taken to boost children's mental health.

Steps have been taken towards greater joint departmental working, but it is now more important than ever that a cross-government strategy for children and young people's mental health is put in place.



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## About The Children and Young People's Mental Health Coalition

Our vision: For all babies, 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 and young people and families, using this knowledge to influence and shape policy, systems and practice.

For more information, check out our website: [www.cypmhc.org.uk](http://www.cypmhc.org.uk)

Follow us on Twitter: @CYPMentalHealth

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**Children & Young People's**  
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Designed by [Krishna Lad](#)