The Schools Wellbeing Partnership and the Children and Young People's Mental Health Coalition Joint Response:

Mental Health Plan Call for Evidence

How can we all promote positive mental wellbeing?

How can we help people improve their own wellbeing?

It will be imperative to the successful implementation of a 10-year strategy for mental health and wellbeing, that mental health support is no longer seen as a 'nice to have', but a 'must need'. This is no one government department's responsibility but will require true integration across all government policy and programme development. As a fundamental priority, understanding the impact of any policy developed by the national government on the mental health of babies, children and young people and families is vital. This should include a clear articulation of how external factors that could exacerbate poor mental health have been mitigated.

We are clear that social inequality as a driver of poor mental health cannot be uncoupled from this strategy and will undermine any investment and implementation programmes that seek to transform services. Addressing the known risk factors for poor mental health should be central to government thinking across all departments, policy, programmes, and initiatives that impact on the lives of children and young people. This is not just about more money for more services; this is about a national policy directive that ensures mental health inequalities are addressed, is aligned across government, and sets a precedent for the local system transformation that is required to turn the tide on the increasing prevalence of children and young people's mental health needs.

For some time, colleagues from across government and stakeholders have been working on a new tool to assist government departments with mental health in policy development. To ensure departments have a focus on mental health impacts of policy moving forward, it is essential that the plan include commitment for the mental health policy tool be fully implemented by all departments and completed in a transparent way for all policy development.

Do you have any suggestions for how we can improve the population's wellbeing?

The Schools' Wellbeing Partnership and Children and Young People's Mental Health Coalition have long advocated for inclusive, embedded, and robust approaches to mental health and wellbeing in schools and colleges. We emphasise the importance of schools and colleges in the promotion of positive mental health; and the early identification and prevention of mental health problems in childhood, alongside the role of other settings such as community-based provision. Much positive work is already being done to meet these aims, and the Department for Education's (DfE) recent announcement of further funding for Senior Mental Health Leads

(SMHLs) training is welcomed by our members. This funding and the continued national rollout of the Mental Health Support Teams (MHSTs) programme sets a positive foundation from which more progress can follow.

It is important to note that school and college based support is reliant on the wider service provision that is available in the local area. Education settings cannot do this alone, therefore it is crucial that local areas build an integrated and accessible mental health system.

- **SMHLs and teacher training**

Our members recognise the central role of SMHLs in creating whole school and college approaches, but report that competing demands, constrained time and high staff turnover make fulfilling this role difficult, both operationally and at a strategic level in schools. Embedding whole school and college approaches, so that mental health is everyone's business, would alleviate the pressure on SMHLs so that they could fulfil their roles more effectively and strategic cultural change can be implemented and sustained over a longer term. Whole school and college approaches are central to a school's and college's ability to promote positive wellbeing and by embedding them in the structure of a school or college, children, staff and parents learn that mental health and wellbeing is both important and not something to be stigmatised or ashamed of. There are different ways that settings can implement such approaches with a variety of frameworks and evidence bases available. NCB's work with the six HeadStart partnerships evidences some of these approaches. HeadStart Kent, for example, created their own toolkit based on Public Health England's eight principles, and this is available for free on their website for any school to use.

Education staff do not need to be experts in mental health or act as therapists to help their pupils. Mental health and wellbeing training should form a core part of new teacher training and feature throughout teachers' careers, so that knowledge and awareness is embedded and continuously reflected in practice. This training should be holistic and non-medicalised, helping staff to view pupil difficulties in the context of the 'whole person' and recognising that there are innumerable factors in life that can affect children's wellbeing in school or college.

To support education staff and schools as a whole, it is vital that Ofsted values mental health and wellbeing as highly as we know that schools and their staff do. Ofsted currently recognises the benefits of a whole school and college approach, and to help them become common practice they should place a greater emphasis on schools' approaches to mental health and wellbeing through their inspection frameworks. Our full joint recommendations, in response to the proposed 2019 changes to the Education Inspection framework, can be found here.

- **The RSE and broader curriculum**

Preventing mental ill-health and promoting wellbeing comes from teaching pupils about mental health directly, and there are opportunities for mental health and wellbeing to form a greater part in the Relationships and Sex Education (RSE) curriculum than they currently do. The DfE currently states that 'it is important for schools to promote pupils' self-control and ability to self-regulate, and strategies for doing so…' (DfE, 2021). We recognise the importance of self-control, regulation, and care, but would also like to see pupils taught more about the

importance of receiving and asking for help from others with their mental health and wellbeing. Whilst teaching pupils the skills to regulate their own mental health is essential, it also places additional pressure on them to help themselves, and when life becomes difficult for them this becomes harder. It is also important to teach children that there are factors external to them which can harm their mental health and wellbeing. These include poverty, physical ill-health, having a parent who is unwell, and being a young carer. In these cases, it may be more appropriate for a pupil to seek help from someone else and/or for something external to change to make the situation better, rather than deploying self-help strategies which do not address the source of the problem. All teaching relating to mental health and wellbeing, including for both 'self-management' and 'social support' strategies, must be inclusive and adapted at every necessary point for pupils with SEND, who are at an increased risk of experiencing mental health and wellbeing difficulties due to multiple social factors.

In a recent consultation event with our members, it was also emphasised the importance of the wider curriculum in supporting children and young people's mental health and members felt that schools should reinvest in creative arts and encourage pupils' own interests. This is especially important in the late-Covid era, where pressure has been, and continues to be, placed on pupils to 'catch up' in their core subject learning. This detracts importance from so-called 'non-core' subjects, which will be highly valued by many pupils and important in sustaining good mental health and wellbeing. Research shows that being involved in creative arts has positive influence over mental wellbeing (Coulton et al, 2015), fosters a sense of community (Fancourt et al, 2016), and as a method of social communication for children with autism (Ockleford, 2012). Supporting pupils to engage in creative subjects at school is furthermore important for disadvantaged children whose families may be unable to pay for lessons outside of school or extracurricular activities.

- **Wellbeing spaces and school-based provision**

Our members acknowledge that education settings themselves can be a source of stress and anxiety for pupils. It is therefore the responsibility of schools to address school-based risk factors for poor mental health and wellbeing, such as exam pressure, high expectations to achieve, bullying and pupil behaviour. Schools should have policies in place to support pupils who need time off for their mental health, including those who are struggling with stress, such as burnout during exam periods at any stage of their education.

Exam periods can lead to compromised pupil wellbeing, affect their sleep, and increase the likelihood of negative comparison and competition with peers. We ask that schools and colleges put measures in place to mitigate these risks, and there are a number of examples of good practice. One comprehensive secondary school in South East England set up a 'wellbeing square', comprised of five discreet wellbeing areas to support pupils within the school setting. These spaces enabled pupils to 'press pause' and gather their thoughts, providing a place where they could feel less threatened or overwhelmed, and where they could talk to someone without fear of judgement. The school turned 5 classrooms into wellbeing spaces during school breaks, with rooms open five days a week. Each room was designed for a particular kind of support, and each was occupied by peer mentors and/or school staff who were trained to manage disclosures and have conversations with pupils.

- One focused on encouraging discussions about difference and diversity,
- Another was designed for quiet personal reflection with no talking,
- An anti-bullying space to communicate about relationship breakdowns and unhealthy relationships,
- One to recognise the role and existence of young carers and provide a space for them to connect with one another,
- And a wellbeing space where young people could talk about any wellbeing-related topics that concern them.

These rooms are used by between 20 and 30 pupils each day during the school week. The pupils have reported that since the rooms opened, they feel safe, listened to, valued and connected to the school, and that their self-esteem and self-worth have improved. This example shows how making a big difference to the mental health and wellbeing of pupils does not have to be costly or complex.

Furthermore, schools have ready access to longitudinal data as they tend to keep the same pupils for many years at a time. This means that schools are excellently placed to test preventative approaches such as this one to see the impacts that it makes on the pupils over time, and different cohorts as they progress in and out of the school.

- **Emotionally Based School Avoidance and exclusions**

Our members have also raised the issue of school exclusions and the importance of schools having behaviour and exclusion policies that seek to understand and support the underlying reasons for disruptive behaviour, school avoidance and repeated exclusions. Research tells us that there is a strong relationship between poor mental health and wellbeing and school exclusions. It also tells us that psychotherapeutic interventions can help reduce or stop them altogether. One recent study has found that pupils with a history of fixed-term exclusions who received 16-22 school-based counselling sessions demonstrated a significant reduction of school exclusion in the same year, with over half of over 6,000 students having no further exclusions (Toth et al, 2022).

There are multiple examples of great school practice in supporting pupils affected by Emotionally Based School Avoidance (EBSA). Oxfordshire Educational Psychology Service, for example, produced a primary school guide to teach education staff about what EBSA is, how it can be identified at an early stage, and what to do when there are serious concerns about a pupil's attendance. Suffolk and West Sussex County Councils have also published a range of materials for pupils affected by EBSA at primary and secondary years.

In our recent joint position statement on the Revised Behaviour in Schools Guidance and the Suspension and Permanent Exclusion Guidance, we reflected how parents and carers frequently feed back to us about their experiences of feeling alienated by school policies that advocate sanction-based approaches. We believe that schools need to work with pupils and their families to co-produce policies to ensure that there is ongoing opportunity for feedback on the behaviour culture in schools.

- **Crisis management and referral**

It is important that schools and colleges have the knowledge and understanding of the signs and symptoms of mental health problems, including recognising behaviours and signs of eating disorders, self-harming and substance misuse. Education settings should be provided with guidance on recognising the signs of self-harm and how to support pupils appropriately and tactfully where self-harm is suspected. This information does not have to be costly, as advice and guidance is available for free from the NHS and other quality-assured resources online.

Recommendations:

- The Mental Health Plan must commit to improving the way that schools and colleges promote positive mental health and wellbeing for their pupils and staff by:

    - Opening up the whole school approach (WSA) training offer to school staff other than SMHLs, enabling schools to select a single WSA training approach. This could help alleviate the pressure on SMHLs to promote a WSA single-handedly and help schools to truly embed a WSA throughout their staff structures.
    - Adapting the RSE curriculum to improve the balance between self-reliance and external help-seeking in school pupils. The emphasis of the current curriculum on self-care, soothing and regulation is important, but must be balanced with an equal emphasis on the importance of social support and care from others.
    - Recognising the differences between types of exclusions and seeking to understand the reasons behind repeated absences. Schools should be provided with guidelines for supporting their pupils with absences and/or at risk of exclusion that help them to unpick the reasons why and provide practical and graduated steps to supporting them to return to or remain in school.
    - Schools should be provided with quality-assured guidance on recognising the signs and symptoms of more severe mental health problems, how to assess risk, and how to refer into specialist services.

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How can we all prevent the onset of mental ill-health?

What is the most important thing we need to address in order to reduce the numbers of people who experience mental ill-health?

Prevention cannot begin early enough, and the Children and Young People's Mental Health Coalition and the Schools' Wellbeing Partnership have long been calling for prevention to form an intrinsic part of the mental health system for babies, children and young people. Whilst there has been positive rhetoric on prevention from the Government, our members have noted that there has been a lack of clear direction and strategy for preventing mental health problems from emerging. In particular, funding has predominantly focused on the acute end of the system, with a lack of clarity and consistent funding for preventative support. If we are serious about addressing the root causes of mental ill-health, then the mental health plan should seek to clarify the Government's priorities for prevention and set out the funding available for preventative support. Without forthcoming funding, we are concerned that true change cannot be achieved.

Our members have identified three key priorities for reducing the numbers of children and young people who experiencing mental ill-health, these include:

- Addressing the risk factors of poor mental health
- Prioritising whole family approaches
- Increasing the support available in the early years

- **Addressing risk factors for poor mental health**

We agree that tackling disparities and risk factors in the early years and childhood are some of the most effective preventative measures that can be taken. In order to reduce the numbers of babies, children and young people who experience mental ill-health, urgent action is needed to address the risk factors for poor mental health.

The Mental Health Foundation notes that 'the risk factors for poor mental health are the social economic and environmental circumstances which can lead to the development of mental health problems' (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. For example, adverse childhood experiences increase the risk of developing later mental health problems, with research suggesting that almost 1 in 3 diagnosed mental health conditions in adulthood relate directly to adverse childhood experiences that have subsequently impacted on their psychological development and wellbeing.

Our members are clear that without action to address the risk factors of poor mental health, other efforts to improve mental health will not be effective in creating change. Measures to address this require action by all government departments, alongside health. There are actions the Government can take to reduce the economic and social factors that put some people and communities at dramatically higher risk of poor mental health, such as addressing child poverty and tackling all forms of racism, discrimination, and exclusion.

Measuring and having strategies and targets to reduce child poverty should be an explicit mission of Levelling Up and the cross-government mental health plan. Data shows that between April 2020 and April 2021, there were 3.9 million children living in poverty (after housing costs) - that is 27% of all children (End Child Poverty Coalition, n.d). Living in poverty can make some children more likely to develop mental health problems, with evidence showing that children from the poorest fifth of households are four times as likely to face serious mental health difficulties by the age of 11 as those from the wealthiest fifth.

We know the Government shares the ambition that every child should grow up with access to enough money to achieve a decent standard of living, live in a secure, decent and warm home, and be able to thrive, learn and develop regardless of income. That's why urgent action is needed to address child poverty and the additional pressures this places on the mental health of babies, children and young people. Reducing child poverty is likely to bring about a lasting improvement in mental and physical health, significantly reducing health disparities in the short-term as well as giving more children a good start in life in the long term (Centre for Mental Health, 2021).

What is more, it is recognised that there are significant inequalities that impact on the mental health of racialised communities, with experiences of racism and discrimination the most likely

explanatory factor for these inequalities (Centre for Mental Health, 2022). Children who experience racism are more likely to experience low self-esteem, high levels of anxiety and depression, and reduced ability to recover from other kinds of trauma (Youth Access, 2021)

Black communities in particular face significantly increased barriers to accessing mental health support that is appropriate to their needs (Youth Access, 2021). A recent article by The Independent revealed that Black and mixed-race children accounted for 36% of young people detained in acute mental health services despite making up 11% of the population (based on unpublished data from NHS Benchmarking). Conversely, young Black people made up just 5% of those accessing community-based child and adolescent mental health services.

Recommendations:

- We must urgently recognise the harm to mental health caused by experiences of poverty and racism, and other social inequalities, and find collective solutions to bring about better mental health for all. This should form an integral part of the forthcoming Mental Health Plan.
- The Mental Health Plan must commit to creating a comprehensive roadmap for ending child poverty by focusing on the systematic causes of child poverty, via cross-departmental action. A successful cross-government mental health plan would:

- Strengthen economic support to families by, for example, increasing the Minimum Wage to the Living Wage Foundation rate, restoring child benefits to the third and subsequent children in a family, increasing child benefit by £5 a week, restoring the £20-a-week Universal Credit uplift and then ensuring at least inflation-matching increases for social security for families.
- Supporting parents and positive parenting by, for example, investing in perinatal mental health services, midwifery, health visiting, family hubs, children's centres, extending free childcare, parenting training
- Intervening early to lessen harm and prevent future risks by investing in strong local partnerships between families, communities, voluntary and community sector, statutory health, social care and education services.

- **Taking a whole family approach**

A true prevention and promotion approach is one that takes a child's family into account, focusing on the role of parents and carers, their own health, relationships, and home lives. Our members have highlighted the importance of shifting the focus of the system away from individuals to taking a holistic and whole family approach. While studies demonstrate the importance of working with families and households, most mental health services still focus on treating the individual (ISOS Partnership, 2020).

It has been identified that a crucial part of a whole family approach is parenting programmes and tailored support for parents whose children have mental health problems (Local Government Association, 2021). These two strands should form a vital part of any Mental Health Plan. Members have also highlighted that further work is needed to de-stigmatise

parents accessing early help and parenting support as parents can struggle to seek help because of worries about stigma or being labelled a 'bad parent'. Overall, we believe the Mental Health Plan provides an opportunity to implement comprehensive support for families through increased provision of parenting programmes and parent support groups.

<u>Parenting programmes</u>

Evidence-based parenting programmes have been shown to bring about significant improvements in family wellbeing and children's behaviour (Centre for Mental Health, 2021). They are a low-cost intervention with major benefits to children, families, schools and communities. For example, member organisation Triple P is an evidenced-based parenting programme, which has been shown to help reduce child and adolescent mental health problems and help strengthen relationships between parents and reduce parental conflict (Centre for Mental Health, 2020).

Race Equality Foundation provide the *Strengthening Families, Strengthening Communities* parenting programme for families with older children, particularly from minority ethnic communities and those living in poverty (Race Equality Foundation, 2018). Studies on the impact of the programme reported statistically significant changes in parents' self-esteem, parents' confidence in their parenting, family relationships, relationships with children and in the child's self-esteem (Race Equality Foundation).

Another great example is HeadStart Newham's 'Being a Parent' programme. Run by parent facilitators who have themselves completed the course, it provides a manualised and evidence-based approach to supporting parents to raise 'confident, happy and cooperative children'. Having parents as facilitators helps the programme delivery to be experienced as non-judgmental by parents seeking support and provides an opportunity for skill development for those who choose to deliver the programme after completing it. The programme was developed by the South London and Maudsley NHS Foundation Trust and has produced demonstrably positive outcomes across both qualitative and quantitative domains. It's manualised approach, and the fact that facilitation continues to be provided by parents themselves, make the programme an adaptable, low-cost and highly valuable source of support for parents, including both those who deliver the programme and those who undertake it. More information, including on how and where the programme was delivered, and its outcomes, can be found [here.](#)

However, access to effective parenting programmes is patchy, with few areas offering a comprehensive range of options. As a result, most parents who seek help do not get it. Family Hubs provide a key opportunity to provide integrated care for families and could be utilised to deliver a national programme of parenting programmes. Centre for Mental Health estimates that the cost of investing in a national programme of evidence-based parenting programmes would cost £60m over three years (Centre for Mental Health, 2020).

<u>Parental support</u>

Our members have told us that support for parents and carers is vital, and that further work is needed to ensure that they have the tools, resources and support to be able to support their child's mental health. YoungMinds have identified two key aspects of parent and carer involvement; firstly, being empowered and enabled to play an active role in their child's mental health care, and secondly to use their experience to drive for transformation and improvement of systems and services (YoungMinds, 2020).

Rollercoaster is a parent-led support service based in the North East of England, which is funded by the Clinical Commissioning Group. An evaluation of the service, undertaken by Northumbria University highlighted the positive impact of the service on both parents and carers and their families (Association of Young People's Health, 2022). The evaluation found that taking part in the service not only improved the wellbeing of parents and carers, but also helped them to develop coping strategies to use at home and gave them improved understanding of local mental health services. Whilst the evaluation did not directly assess outcomes for young people, feedback gathered suggested that parents felt the skills and advice they received were positive for their families and for helping their young people get the services they need.

What is more, stakeholders reported that the Rollercoaster service promoted and became a key part of a more robust and inclusive local mental health system and contributed to improved pathways for children and young people. The evaluation concludes that without the support provided by Rollercoaster, parents and carers said there would be no equivalent service to turn to, highlighting the stark gap in support for parents and carers and the need for more groups such as Rollercoaster. Whilst good practice does exist, this is not replicated across all parts of the country for all parents and carers.

The Government should build on these examples of good practice, such as Rollercoaster, and ensure that parent-carer support groups form part of the children and young people's mental health system in local areas.

Recommendation:

- The Mental Health Plan should prioritise whole family approaches and implement comprehensive support for families through increased provision of parenting programmes and parent support groups.

- **The importance of the early years**

There is clear, compelling evidence that the first 1001 days, beginning in pregnancy, are a significant and influential phase in development. Tackling adversity and ensuring that children have sensitive, nurturing care in pregnancy and the earliest years of life is critical to reducing mental ill-health in the population. A range of studies have shown the link between what happens in the earliest years of life, and later mental health. For example, one study has shown that if a mother is in the 15% of the population with the worst anxiety and depression

during pregnancy, this doubles the risk of her child having a mental disorder at age 13 (O'Donnell et al.,2014).

It has been identified that children below the age of three have been largely overlooked in provision to date (Health and Social Care Select Committee, 2021). For example, freedom of information requests sent in 2019 found children's mental health services in 42% of NHS commissioning areas in England would not accept referrals for children aged 2 and under (Hogg. 2019). Our members have highlighted that further work is needed to improve access to mental health services for under 5s. In order to achieve this, the NHS must deliver on its commitment for a comprehensive 0-25 mental health pathway so that all babies, children and young people can access help if they are struggling with their mental health. This should include the increased provision of specialised parent-infant relationship teams to support the mental health of babies and toddlers. Parent-infant relationship teams are multi-disciplinary teams, which offer families experiencing severe, complex and/or enduring difficulties a tailored package of therapeutic support to strengthen and repair early relationships.

It is crucial that NHS England supports local systems to develop services for families where there are struggles in early relationships and concerns about babies' mental health and development. Specialised parent-infant relationship teams do this important work, and the NHS should secure such teams in every area of the UK.

Recommendation:

- NHS England and Improvement must deliver on its commitment for a comprehensive 0-25 mental health pathway, which should include the increased provision of parent-infant specialist teams.

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How can we all intervene earlier when people need support with their mental health?

What more can the NHS do to help people struggling with their mental health to access support early?

Our members have long been calling for greater investment in early intervention support. In 2020, The Office of the Children's Commissioner estimated 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). Despite this, young people struggle to gain access to early intervention services.

Whilst previous policy initiatives such as Future in Mind, have committed to increasing the availability of early intervention support, a lack of progress has been made on developing services of this kind. Members have highlighted the need for the comprehensive expansion of early intervention support in community settings. It has been recognised that services delivered in the community provide cost-effective support while reaching underserved communities due to their universal, non-stigmatising and culturally responsive approach (Health and Social Care Select Committee, 2021). Additionally, these services can reduce referrals to more costly specialist support, thereby freeing up much-needed capacity in the system.

For example, HeadStart Kernow's Community Facilitators aim to support children and young people's mental health and wellbeing by providing direct, face-to-face support to individuals and groups of young people. A central component of the Community Facilitators' work has been to improve and build connections between young people, families, schools and community organisations. This has involved upskilling existing community organisations through training delivery and support Community Facilitators offer shorter-term mental health group support to young people in school or community settings, as well as to parents and carers, with the aim to spread awareness of mental health and reduce mental health stigma. Community Facilitators also provide training and workshops to professionals across Cornwall identify community services and resources that young people and families can be referred to. Between January 2018 and August 2020, the Facilitators identified 457 young people as potentially benefiting from targeted group work.

The presence of Community Facilitators in multi-agency meetings has also led to improved partnership working and better outcomes for children, young people and services across Cornwall. Bloom is a professional consultation model that brings cross-sector professionals together to discuss referrals made for young people in potential need of some mental health and wellbeing support. The comprehensive Bloom evaluation undertaken during 2021 demonstrated the value of the model and of the participation of the Community Facilitators as part of a local multi-agency approach to early identification and preventative support

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. There is wide variation between spending in local areas, with a quarter of areas spending more than £15 per child, while another quarter spending less than £4 on early intervention support (Children's Commissioner, 2020). This is part of a wider systematic trend of a reduction on early intervention spending across children's services. Figures from Pro Bono Economics show there was a £325 million drop in annual spending on children's services between 2010-11 and 2019-20 and a 48% decrease in local authority spending on early intervention services in the same time period (Williams et al., 2021)

Recommendation:

- The Government should use the Mental Health Plan to reaffirm and strengthen their commitment to early intervention support. This should include an action plan on how they will increase the availability of support of this kind over the ten year period. It is crucial that this is backed by urgent investment, as lack of funding has previously hampered the development of these services.

- **Early support hubs**

There has been growing consensus for easy to access services based in the community, such as the early support hub model. Early support hubs offer easy-to-access, drop in support on a self-referral basis for young people with mild to emerging mental health problems, up to the age of 25. They are community-based and are often delivered in partnership between the NHS, local authorities or the voluntary sector depending on local need and existing infrastructure. A mix of clinical staff, counsellors, youth workers and volunteers provide a range of support on issues related to mental health and wellbeing, while additional services can be co-located under one roof. These include counselling and psychological therapies, employment advice, youth services, sexual health and housing support.

Building on the existing evidence base for these services, early support hubs can reduce pressures on the NHS and improve young people's life chances by providing a community space to access flexible support for emotional wellbeing. We propose building on existing services models across the country such as Youth Information Advice and Counselling Services (YIACS), HeadStart Multi-agency partnership models and other early support hubs, including learning from international examples.

Early support hubs can form part of a comprehensive mental health and wellbeing pathway for children and young people. Existing hubs have established clear and effective pathways to specialist mental health and children's services for those requiring enhanced support. For example, The Nest, an early support hub based in Southwark, London has been embedded in the wider system of support for young people in Southwark, developing strong links with Family Early Help, Schools, NHS CYPMHS, GPS, and Social Services. As a result of The Nest's strategic position, it has enabled the service to work collaboratively to raise awareness of the

services across local services and the wider community, deliver tailor-made training sessions to school staff to better equip them in supporting students, and to develop work with MOPAC and the Family Early Help team to develop a parent/carer network to empower parents to deliver peer to peer support.

Evidence shows that early support hubs deliver excellent outcomes for young people. Research that has been conducted on existing early support hubs in the UK, or YIACS reports comparable clinical outcomes to those accessing therapy through CAMHS or school, while also reporting significantly higher satisfaction amongst young people with their experience. For example, in a study of YIACS, 97% of young people reported that it was 'certainly true' that they 'were listened to', compared to 85% in CAMHS (Malangone, 2020).

Early support hubs provide an effective gateway to support for young people facing the greatest mental health disparities. A 2018 study found that, compared to children and young people's mental health services (CYPMHS) and school-based counselling services, voluntary sector organisations were serving a greater proportion of 'older' young people, as well as higher proportions of LGBTQ+ young people, young people from racialised communities, and young people in contact with the youth justice system (Duncan et al., 2018).

We want to build on the successful examples of early support hubs in the UK so that young people can access early support wherever they live. We also need to ensure they have consistent, long-term funding for existing services. We estimate that a national network of hubs would cost approximately £103 million per year and would offer help to about 500,000 young people with emerging mental health problems (O'Shea et al., 2021). We believe that early support hubs provide a clear opportunity to bridge the gap in early intervention support that currently exists.

Recommendation:
- The Government should increase the provision of early intervention support in the community through a national roll-out of early support hubs in every local area so that all children and young people have early support for their mental health.

- **Digital support**

The Covid-19 pandemic saw a rise in the use of digital methods to provide support to young people during lockdowns and school closures, and there has since been growing consensus that digital support should form an integral part of the mental health offer for children and young people. Digital support has been identified as having many benefits, including enabling young people to have greater choice in accessing the support that best suits their needs, and the anonymity that it can provide (Health and Social Care Select Committee, 2021).

What is more, a number of studies have concluded that the use of digital interventions is an effective way of supporting young people who face difficulties accessing face to face support including young men, young carers, young people with disabilities or those living in remote locations and, young people impacted by mental health stigma or shame. For example, Kooth reported a steep rise in the number of young people from racialised communities accessing their service during the first stages of lockdown, with a 9.2% increase in the rate of racialised

young people presenting with depression, compared to 16.3% fall amongst their white counterparts (XenZone, 2020).

Whilst digital should not be replacement for face-to-face support, it should form an integral part of a blended offer of mental health support for young people, providing early access to information, guidance, advice and counselling support. In order to support this, there is an urgent need for quality assurance work around digital provision and for further evidence to be gathered about the most effective digital interventions that can be used to complement existing provision.

Alongside this, it needs to be ensured that young people are supported to keep safe online. Whilst we welcome the Online Safety Bill, measures to protect children and young people's mental health online need to be strengthened within guidance and further work is needed to ensure all children, young people and families are supported to become digitally literate.

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Do you have any suggestions for how the rest of society can better identify and respond to signs of mental ill-health?

Numerous studies demonstrate the positive impact that social prescribing has on mental health and wellbeing (Leavell et al, 2019; Dayson et al, 2020; Chatterjee et al, 2018), and emerging studies find that it can have positive impacts on the wellbeing and resilience of children and young people (Efstathopoulou, 2020) and of people from disadvantaged communities in particular (Hassan et al, 2020). Providing services at different levels of universal, targeted and specialist intervention is also shown to promote positive mental health in young people by providing a step-up-step-down approach to mental healthcare (Ngo et al, 2020). This means that those using mental health services are able to continue to receive mental health support after they are no longer in need of specialist services and are able to remain in the mental healthcare 'system' in a way that supports their individual level of need.

In 2019 NHS England's Long Term Plan outlined ambitions around personalised care and social prescribing, and pledged 1000 new social prescribing link workers by 2020/21 and at least 900,000 people accessing social prescribing services by 2023/24.

Social prescribing has largely been focused on adult support. However, this approach to delivering care is relevant to community based, early support services that support children and young people's mental health and emotional wellbeing. Social prescribing for children and young people experiencing poor mental health seems to be particularly effective for disadvantaged young people with a view to addressing health inequalities. Supporting young people to access more familiar community-based activities may help to increase their engagement.

Our members and partners feel that school staff need practical and comprehensive guidance on the most useful available options for their pupils, so that they are also able to make suggestions for sources of community-based support when they feel it may be helpful. Linking schools to external sources of support for children and young people is especially important where there are no MHSTs, who support pupils with mild-to-moderate mental health needs and are able to signpost to specialist mental health support where it is needed.

There should be a clear, concise, and representative offer of the support provided locally, ensuring that local areas are mapping their offer, resources and existing organisation and provision in a joined-up way for schools. Furthermore, we would like to understand the role of Integrated Care Boards (ICBs) in commissioning schools and community based provision and the coordination role they will play between services.

Children and young people who would benefit from social prescribing may include those who face additional barriers to accessing or approaching services, or building relationships with mainstream or statutory services; and is particularly beneficial for those:

- Starting to demonstrate behaviour that challenges
- With post pandemic anxiety
- With low level Special Educational Needs
- With low level/moderate anxiety

- In key transition points – primary to secondary, managed school move
- Infants, children and young people facing multiple disadvantages and inequality.

Initiatives like these, which would provide an avenue for greater social support in the community have the potential to ease pressure for higher tier services if they work well, reduce social isolation and offer clarity and transparency around what services exist across a local system. But this can only happen if accessing those services does not unintentionally create an additional bottleneck in an earlier part of the system. Instant access to a consultation for advice and guidance and consideration of self-referral processes will remove barriers to accessing these types of local community provision. Ensuring a range of provision and interventions are available within the wider community, including those that don't require a referral or assessment will be key.

Recommendations:

- The Government should commit to expanding the support available in the community through increasing social prescribing initiatives. This should include increasing knowledge and understanding of social prescribing and how it can be appropriately employed for children and young people.
- The Government should explore how to maximise the role of the Voluntary and Community Sector (VCS) in providing a broad range of evidence-based interventions and more effective and efficient cross-agency working between VCS and statutory services.
- The Mental Health Plan should promote more creativity and innovation particularly around early intervention and prevention approaches, co-produced with children, young people and families.

- **Workforce**

As mental health needs increase, both in terms of prevalence and complexity, there is growing recognition that the existing workforce is struggling to adapt, and no one single part of the workforce can take the weight of this increasing need within the system.

This is true both of NHS clinical and mental health professionals, as well as those staff who have a key role to play in early identification of mental health needs and those who may be formally or informally delivering preventative mental health interventions. This includes those delivering community services, the youth sector, education workforce and family support. This workforce is at the front line of increasing mental health presentations and of developing relationships with children, young people and families, but regularly report feeling "out of their depth". It is vital in order to deliver this strategy that the whole children's workforce is equipped with the knowledge, understanding, space and place to be responsive to this increasing need, at the level that is appropriate for their role. This includes a rounded, holistic view of positive wellbeing and the environmental factors that impact on young people; the difference between wellbeing and mental health and how to appropriately support and refer when needed, particularly for those young people who may experience crisis or where there are safeguarding concerns.

As with the workforce strategy "Working Together to Safeguard Children", there is a need for mental health to be everyone's business and for the wider children's workforce to work within a set of guiding principles that are embedded, provide consistency and result in positive wellbeing and mental health for all children and young people. Practitioners need to be confident to hold risk appropriately and know when and how to access more targeted and specialist support. In order for this to be realised, a greater level of multi-agency supervision and support will be required to ensure that frontline staff such as teachers, youth workers, and other trusted adults and contextualise this within their role.

Frequently mentioned strengths of the HeadStart Kernow Bloom model were how the model supports the professionals involved, the prevention and early intervention approach and the multi-agency aspect of the model. Bloom was seen to be a model of professional consultation useful for workforce development, especially for those 'on the ground', such as school staff. Bloom was seen as enabling professional development through the meetings with a specific child-centred focus beneficial for the young person, the professional and in some cases their home organisations. Interviewees reported positive feedback from both primary and secondary schools, in relation to '*developing formulations, talking to clinical psychologists, family support workers, primary mental health workers…as the practitioner who's there listening to that and being part of that conversation…them then taking back into school'.*

As key professionals are being supported and guided by Bloom, this is also beneficial for their organisation due to the learning and experience gained.

Children and young people recognise youth workers as trusted adults, and it is well understood that youth work is an important part of early intervention. One example is HeadStart Hull's Turn 2 Us youth work service, which operated in both schools and the community pre, during and after the Covid-19 pandemic. Local youth services provide opportunities outside of school on things such as mentoring schemes and supporting young people to make connections in their local community and support to develop healthy relationships. Youth sector services have been drastically cut; however the youth workforce have a vital role as part of a preventative system and can be a prominent part of the solution around greater community mental health and wellbeing support for children and young people. For example, London Youth with funding from City Bridge Trust, is trialling a new approach in Croydon through their Cornerstone project. This will support local youth practitioners to triage young people to the right support, providing core training which will enable them to act in a preventative role to stop young people's health deteriorating further.

Recommendations:

- There should be deeper more holistic approach looking at the workforce that is already in place and how capacity can be built on using "Working Together to Safeguard Children" as a capacity building model.
- The Government should seek to make mental health and wellbeing everybody's business by ensuring that all children's workforce practitioners have minimum training on children's mental health and listening skills.
- Adequate supervision mechanisms and CPD for non-clinical staff is required.

- There should be a multidisciplinary approach and multidisciplinary team around the child/ family with appropriate supervision structures or mechanisms build in for non-clinical staff.

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How can we improve the quality and effectiveness of treatment for mental health conditions?

What needs to happen to ensure the best care and treatment is more widely available within the NHS?

Fragmentation in policy at a national level has resulted in challenges in delivering effective care and treatment in local areas that best supports babies, children and young people. Previous strategies, such as Future in Mind, The Five Year Forward View, The Transforming Children and Young People's Mental Health Provision Green Paper and the NHS Long Term Plan have all sought to improve access and the quality of care and treatment for children and young people's mental health. Whilst we recognise that significant progress has been made in expanding access to NHS mental health support services, babies, children, and young people do not consistently receive the mental health support they need, and experiences of the system vary depending on their level of need and where they live.

We are also concerned that strategies that have previously been put in place have not been comprehensively delivered on. For example, the 2018 National Audit Office report on children's mental health services found that the Government did not have cross-government accountability arrangements in place to ensure that Future in Mind was delivered as intended and that consistent action was not taken to identify actions and budgets needed to implement each proposal in full (National Audit Office, 2018). We are clear that any new Mental Health Plan should learn from past shortcomings and limitations of previous strategies. A clear, national framework for implementation is required to ensure that actions set out in the plan translate into improvements in the quality and effectiveness of treatment for children and young people at the local level. This should be accompanied by increased capacity to monitor, review and improve implementation.

Our members have also identified steps that need to be taken to improve the quality and effectiveness of treatment for babies, children and young people. We have set out the changes we would like to see in relation to inpatient care in response to the question on the future of inpatient settings, which includes accelerating the shift from the use of inpatient settings to community-based care.

- **The importance of co-production**

When we asked our members how the quality and effectiveness of treatment can be improved for children and young people, they highlighted that co-production with children, young people and families must be central to the changes. We would welcome clarification on how the voices of children and young people will be integrated into service design and improvement processes going forward, including the voices of young people with vulnerable and complex needs.

- **Improved communication to children, young people and families**

Members described that NHS CYPMHS is sometimes viewed as 'being able to do everything' due to a lack of other available support services and noted that better communication is

required to help understand what support NHS CYPMHS can and cannot offer to young people. Several studies have concluded that children referred to NHS CYPMHS are rarely properly informed about the service (Children's Commissioner, 2017). What is more, research by the Office of the Children's Commissioner noted that when children lack specific or detailed understanding of what access to services would entail, then the idea of accessing services is seen as intimidating and frightening (Children's Commissioner, 2017). Further work is therefore required to communicate information to children and young people, families and practitioners about NHS specialist services and other mental health support services to ensure they do not fear stigmatisation when accessing support and that they are fully informed. It is also crucial that children and young people are fully aware of their choices and rights when accessing mental health support.

Whilst the mental health reform programme does focus on improving access to services, what is seemingly missing is how children, young people and their families will be supported to do this. Once young people are in the system, they need bespoke and concerted support to understand the process and engage with it. Young people need to know more about the services on offer in their local area, what NHS CYPMHS actually is, why they have been referred, what they can expect from the service when they attend, and how the service can help them.

Additionally, members have told us the importance of 'space and place' and noted that some mental health settings are sometimes not appropriate places for young people to be talking openly about their mental health. The physical environment of mental health spaces needs to be considered to ensure they are open, friendly spaces where young people feel comfortable to share.

- **Creating culturally competent services**

Culturally competent and responsive mental health services enable those accessing support to feel comfortable, valued and heard. They also ensure that the support offered acknowledges people's individual and collective cultures, beliefs, and values.

Research shows there's an urgent need for the development and implementation of culturally sensitive, readily accessible mental health information and support tailored to children and young people from racialised communities. Such approaches can encourage help-seeking behaviours and produce better mental health outcomes for young people from racialised communities. However, previous data shows that young people from racialised communities do not always perceive mental health services as being "culturally sensitive" or perceive mental health professionals as having the skills or understanding of different cultural or ethnic backgrounds (Malek, 2011; Care Quality Commission, 2019).

Commissioners at a national and local level should invest in mental health programmes that are designed and led by individuals from racialised communities. Mental health programmes that are tailored to specific racialised groups have also yielded more positive outcomes (for an example, see Shifting the Dial; Harris and Abdinasir, 2022). However, such services have not been widely implemented across the UK. NHS England and professional membership

bodies also need to work together to ensure the mental health workforce reflects the communities they serve, and that values of anti-racism, diversity and inclusion are actively promoted. Cultural competency training should also be embedded in health workforce training and development.

- **Addressing access, waiting times and transitions**

There are still long standing issues with NHS specialist services for children and young people that need to be urgently addressed including access, waiting times, transitions and gaps in support for young people with complex needs. Whilst we welcome the new waiting time standards of 4 weeks for children and young people's mental health services, these standards will only be as good as the resources available in local areas to implement these. There is also a risk that the standards could create perverse incentives where Trusts raise thresholds in order to meet the standards. We would welcome further clarification on how these risks will be mitigated.

Transitions between services, particularly between child and adolescent mental health services and adult mental health services, continues to be a persistent issue. It is widely recognised that young people aged 18-25 often struggle to move between services and are poorly supported with transition, meaning that young people can fall between the gaps in support. The NHS Long Term Plan committed to creating a comprehensive offer for 0-25 year olds, but progress on this commitment has been slow. It must be ensured that this commitment is accelerated as a matter of urgency to ensure no young person experiences a disrupted programme of care

What is more, we have heard evidence from our members that mental health services, and the standard interventions delivered, are not set up in a way that supports the complex needs of some groups of young people. Due to these young people presenting with complex and multiple needs, they do not tend to meet clinical thresholds and consequently fall through the gaps in support. Previous research conducted by the Education Policy Institute has also highlighted that children with complex, less well-understood difficulties that do not fit clearly into diagnostic boxes are at risk of not being able to access NHS specialist support through CAMHS (Crenna-Jennings et al., 2020). Specific attention must be paid to the needs of this group of children and young people, and how services will be improved to ensure they can access the care they need.

- **Workforce**

There is significant concern within the mental health workforce that as thresholds for support increase, this will have a directly negative impact on the quality of treatment and care that can be provided to children and young people. Staff providing specialist and crisis provision to children, young people and families are reporting intolerable pressure and there is an urgent need to address support for staff. Waiting lists create pressure on caseloads and we have already seen with the recent children's social care review that unsustainable caseloads in the children's social care system has had a catastrophic impact on the safeguarding of children. We are urging the government to heed this warning from the children's mental health sector workforce and move quickly to implement a system wide overview of mental health support

for children and young people so that we can work upstream to mitigate the potential impact of rapidly increasing need. This includes review of assessments and pathways to inpatient beds, improving treatment follow-up and feedback, making a wider range of services, including non-clinical interventions more accessible, and a better integration of the notion of 'step up and step down' treatment processes, with smoother and more effectively planned transitions.

Our members were keen to stress that mental health needs are not a sickness to cure. Supporting practitioners and young people to frame conversations and approaches about what is needed to help live well with a mental health need and working in coproduction to identify triggers and red flags earlier, so that lower tier support can be phased up quickly with a view to fewer crisis points being reached. As well as support from mental health professionals, additional roles such as mentoring, coaching and regular contact points would help a 'step-up'- 'step-down' approach be implemented more effectively.

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.

Recommendations:
- A clear, national framework for implementation for the Mental Health Plan is required to ensure that actions set out in the plan translate into improvements in the quality and effectiveness of treatment for children and young people at the local level.
- The Mental Health Plan should commit to improving the quality and effectiveness of treatment through:
- Improving communication with children, young people and families about the mental health support on offer, how this will support them and what they can expect.
- Creating culturally competent services through investing in mental health programmes that are designed and led by individuals from racialised communities.
- Embedding cultural competency training in health workforce training and development.
- Urgently addressing issues with access, waiting times and transitions. The NHS should deliver on its commitment to deliver a comprehensive 0-25 offer of support.
- Creating services that better respond to the needs of children and young people with complex and multiple needs. This should include a commitment to ensure the voices of these young people are heard in service design and delivery.
- Urgently addressing shortfalls in workforce by committing to a workforce strategy for children and young people's mental health.

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What is the NHS currently doing well and should continue to support people with their mental health?

Members have highlighted the positive role that Mental Health Support Teams have to play, including the additional resource they provide to schools and colleges. Members have also noted the positive work they are seeing being undertaken by MHSTs, including greater partnership working through the iThrive framework, and in providing support to those who do require specialist services.

We welcome the recent announcement that there will be more than 500 teams confirmed ahead of the April 2023 ambition set out in the green paper, which will mean more than 2.4 million children and young people will have access to a team in school and college. However, the rollout of further MHSTs beyond the financial year 2022 to 2023 is contingent on future funding decisions (Department of Health and Social Care, 2022). This risks leaving vast numbers of children and young people without this additional support and exacerbating the postcode lottery in children's mental health services. Funding beyond 2023/24 therefore needs to be urgently clarified to ensure this vital provision can continue.

It also needs to be ensured that MHSTs are flexible in their approach to meet the needs of education settings and the young people they support. For example, Greater Manchester is allocating one MHST to specialise and work in Further Education Colleges only in order to build expertise and cater for the distinct needs of colleges.

Recommendation:

- The Government should urgently commit to the future roll out of Mental Health Support Teams and set out the funding for these teams beyond 2023/24.

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What should inpatient mental health care look like in 10 years' time, and what needs to change to realise that vision?

Our vision for inpatient mental health care in 10 years time is a shift towards the increased use of community-based provision and a reduced use of inpatient beds, to ensure children and young people with the most complex needs receive support in a setting that is right for them. There has been growing consensus that in the majority of cases, it is better for a child or young person to receive treatment at home or in their community (Health and Social Care Select Committee, 2021). Research demonstrates that community-based treatment performs similarly to inpatient care (O'Shea, 2020). Acute care, particularly out of area, is also extremely expensive, costing over a half a million pounds per child, per year (O'Shea, 2020). By reducing the use of inpatient settings and placing care in the community, we believe this money could be redirected to other parts of the system such as early intervention support.

Too often children and young people receive care far away from home or are inappropriately admitted to adult wards. NHS data shows that for the past three years over 1,000 (97%) children a year have been placed 'out of area', most of whom were detained under the Mental Health Act. In 2017/18, 518 of the 1,255 'out of area' admissions were considered to be 'inappropriate', based on an assessment of the child's clinical need, their individual preference, and any special circumstances.

Children and young people also continue to be admitted onto adult wards, despite government policy stating that under 16s should not be admitted to adult wards. The most recent information from NHS England (for quarter 2 of 2020/21) shows that 72 under 18s were admitted to hospital during that period. This is an area in which it is difficult to find reliable and relevant data. For example, NHS England data showed that 592 children were placed on adult wards in 2019/20, three times the number in the previous year.[1]v

As a first step, the Mental Health Bill should strengthen the requirement for under 16s not to be placed in adult wards. The current Code of Practice states that it is government policy that under 16s should not be admitted to an adult wards, and if this does occur then the commissioner of the NHS CYPMHS inpatient services should be reported as a serious incident and investigated in accordance with the NHS Serious Incident Framework. We believe this safeguard should be strengthened and should be included in the draft Mental Health Bill.

What is more, the duty to notify the local authority when a child or young person is placed in an adult ward or out of area, or if an admission lasts more than 28 days should be set out in primary legislation. Statutory guidance should make clear that such a notification is a trigger for an assessment of whether the child is in need under section 17 of the Children Act.

It is also vital that young people's voices are placed at the centre of inpatient care. There are actions that can be taken in to ensure that this happens. This includes ensuring there is a statutory test for decision makings for under-16s, for the rights for all inpatients aged under 18 to have a care and treatment plan to be set out in the Mental Health Bill, and the right to make advanced decision to refuse treatment should be extended to under 18s so they can access the enhanced safeguards under the Mental Health Bill in the same way as adults. We

welcome plans in the Mental Health Bill to extend advocacy to all informal patients, but we believe this should be on an opt-out basis.

In the long-term, action needs to be taken to eradicate the use of out of area placements and admission to adult wards for children and young people, and shift towards the increased use of community-based provision should be accelerated. Work is already underway in some areas to increase the use of community-based alternatives, and these examples should be expanded and built on across the country. To achieve this, the Mental Health Bill should include a duty on Integrated Care Systems relating to commissioning of services that seeks to ensure the needs of under 18s can be met without detaining them under the Mental Health Act.

For example, NHS England's New Care Models (NCM) Programme aims to improve outcomes for people in acute care (O'Shea, 2020). Six pilot sites focused on children and young people who are being treated for their mental health out of area, with their primary aim being to prevent children from having to travel long distances to hospital by providing the necessary care and support locally. By investing in local services, each of the six sites achieved reductions in overall spending, as well as a significant expansion in community-based care with comprehensive offers of support.

The NCM programme enabled areas to make significant changes in expenditure. They achieved overall reductions of between £1.1m and £4.1m for 2017/18; a total of £15.3m that can be reinvested in local services. This change was driven by reductions in out of area bed days and lengths of stays in hospital, by varying degrees. Expansion of the New Care Models approach for young people across all 54 mental health trusts could generate a reduction of £137m in acute care bed costs whilst improving community care. As ever, decisions about where to treat someone must remain clinically led, safe and comprehensive (O'Shea et al., 2021).

The use of community based care as an alternative to inpatient care is also recognised internationally. For example, Sweden has been identified as an exemplary country with high rates of community based provision. Sweden delivers rapid access to inpatient care with no child waiting more than 24 hours to be admitted. Sweden has fewer CYPMH beds per capita than UK countries but manages to achieve an admission rate that is 6-times higher than the UK. The main reason for improved access to care in Sweden is the substantially lower average length of stay and higher therapeutic offer. Latest data confirms a 10 day average length of stay for CYPMH admissions in Sweden compared to 72 days in England. What is more, in Sweden a parent is always admitted to a CYPMH inpatient unit along with their child, a child crisis is always viewed as a family crisis (information provided to the Coalition in a private briefing from NHS Benchmarking).

Recommendations:
- The Mental Health Bill should strengthen the requirement for under 16s not to be placed in adult wards. The duty to notify the local authority when a child or young person is placed in an adult ward or out of area, or if an admission lasts more than 28 days should also be set out in primary legislation.

- To ensure children and young people's voices are placed at the centre of inpatient care, the following should take place:
- Put in place a statutory test for decision makings for under-16s,
- The rights for all inpatients aged under 18 to have a care and treatment plan should be set out in the Mental Health Bill,
- The right to make advanced decision to refuse treatment should be extended to under 18s so they can access the enhanced safeguards under the Mental Health Bill in the same way as adults.
- Plans in the Mental Health Bill to extend advocacy to all informal patients should be on an opt-out basis
- The Mental Health Bill should include a duty on Integrated Care Systems relating to commissioning of services that seeks to ensure the needs of under 18s can be met without detaining them under the Mental Health Act.

References

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Next steps and implementation

What do you think are the most important issues that a new, 10-year national mental health plan needs to address?

- · **wellbeing and health promotion**
- · **prevention**
- · **early intervention and service access**
- · **treatment quality and safety**
- · **quality of life for those living with mental health conditions**
- · **crisis care and support**
- · **stigma**
- · **other – please specify**

Please explain your answer:

- **Prevention:** Please see response to question 2A (chapter 2 on prevention).
- **Early intervention:** please see response to questions 3B and 3C (chapter 3 on early intervention)
- **Stigma:** As a society, we have made significant strides in tackling mental health stigma thanks to national initiatives such as the former Time to Change Campaign. However, our members have raised concern that some groups continue to experience stigma that is both perpetuated by services and within communities, and that stigma was still high among more complex or hidden issues. We need to move to a society where stigma does not prevent a child or young person reaching out for support with their mental health. Further action is needed to address stigma and increase mental health literacy.

- **Other: Resources (funding and workforce)**

A new, 10 year Mental Health Plan needs to urgently address the lack of resources available for children and young people's mental health, with a focus on funding and workforce.

For real change to be made to children and young people's mental health support services, investment needs to be forthcoming. Whilst we recognise that investment has been made in children and young people's mental health support to date, services are still significantly under-resourced. We are very concerned that no new funding will be made available for the plan, and subsequently question how the ambitions of the plan can be delivered without this. The plan will be delivered over a 10 year period; therefore we would welcome further clarity on how the plan will be used to influence future spending decisions over this time period.

Different parts of the mental health system are also funded by different government departments meaning it is challenging to get a full picture of how much money is actually spent on the mental health system as a whole. We believe a mechanism should be put in place that provides clarity on the total amount spent on children and young people's mental health.

Through-out our response we have highlighted enduring issues with the children and young people's mental health workforce. Again, we are clear that effective change cannot be made without the workforce to deliver this, and that this change cannot be sustained by a stressed and burnt out workforce. The plan must be accompanied by a workforce strategy that will set out how it will increase the children and young people's mental health workforce.

What 'values' or 'principles' should underpin the plan as a whole?

Our members have highlighted the following values and principles as being crucial in underpinning the plan:

- Anti-racism, equality, diversity and inclusion
- Co-production and putting the voices of children, young people and families at the centre of the system
- Mental health in all policies approach
- Collaborative and integrated working, support and care
- Compassionate care
- Relational approaches
- Accessibility and early support

Local systems

How can we support local systems to develop and implement effective mental health plans for their local populations?

Strong local system partnerships are a vital component in the implementation of the strategic commitments of a 10 year Mental Health Plan. There is an appetite both locally and nationally to support local health and education partnerships to develop swiftly, effectively and consistently to deliver better outcomes for children and young people's mental health and wellbeing.

However, our members report it is often tricky to navigate a complicated offer of support in local areas, particularly the secondary mental health care offer and have highlighted the need for clear messaging on how and where support can be accessed for children, young people and families. There is an urgent need at a local level for a clearer representation of the support on offer and ensuring that local areas are mapping their offer, resources and existing organisations and provision in a joined up way.

To support improved navigation around the system, members called for better integration of key services such as children's social care, NHS CYPMHS, education and community support. For example, we consistently hear about the challenges schools experience with engaging and securing sustained involvement with mental health and wellbeing support within their local area. Links between schools and NHS CYPMHS are not consistently good across all areas and where NHS CYPMHS experience long waiting lists and demand, there is subsequently an increased demand on schools to hold more complex cases for mental health support while children and families wait.

Within the HeadStart programme, each of the six HeadStart partnerships adopted different approaches to partnership working but unanimously agreed that it is key to improving resilience within the system, supporting early intervention and prevention ambitions and, where done well, has the potential to reduce the need for specialist services.

Creating a single front door for support was a key feature of partnership arrangements for HeadStart Hull, Cornwall and Newham. Bloom is an innovative partnership between Cornwall Partnership NHS Foundation Trust, Cornwall Council, HeadStart Kernow and other services and organisations, involving a multi-agency team of professionals working closely to identify how best to support referred young people's emotional, social and mental wellbeing difficulties. This relies on close partnership working and ongoing support, including access to community-based organisations via the Youth and Community Facilitators.

Creating accountability in local systems for babies, children and young people's mental health will be critical in ensuring effective, integrated mental health support is delivered. A current lack of accountability has resulted in patchy provision of support services within local areas. The Health and Care Bill has set out statutory requirements to ensure that there is children and young people's lead in the new health structures as well as lead for mental health. This should set a precedent in local areas for prioritising children and young people, but it is currently unclear how children and young people's mental health provision will be prioritised across geographical ICP footprints and what this means for the commissioning and delivery of discreet mental health services across prevention, targeted, specialist and crisis provision. We would welcome further clarity on this and in addition what mechanisms will be put in place to ensure accountability for children and young people's mental health delivery, and how this will feed into existing accountability structures.

At a national level, further detail is needed on which government department will be overseeing implementation of the plan. Whilst we welcome the cross-government commitment for the plan, in order for commitments to be implemented, there needs to be an appropriate accountability mechanism to do so. We recommend the creation of a strategic national oversight board to drive forward the commitments made, and this board should include a representative for children and young people's mental health. In addition, this oversight structure should be reflected at a local level to ensure local implementation is similarly prioritised and driven locally.

Finally, it must be ensured that there is alignment with other key policy initiatives such as the SEND green paper, the Schools White Paper, the Family Hubs programme and the Children's Social Care Review. Mental health as a key component is seemingly absent from these initiatives and that little detail has been provided on how these changes will work together to holistically support children and young people. For example, in relation to SEND support we are concerned that the proportion of children and young people with Social, Emotional and Mental Health (SEMH) as primary SEND will continue to increase, as this cohort has been identified in the SEND green paper as a group particularly accessing especially alternative provision (AP) support, and question how both the mental health and the SEND system will co-ordinate and align to support this rising need. This is not addressed within the SEND green paper and there is an absence of recommendations on how to prevent children and young people with SEMH needs from entering alternative provision settings. In order to create a truly inclusive system, we believe the SEND green paper alongside other policy initiatives can be strengthened to consider mental health outcomes, provision and partners.

Recommendations:

- A strategic national oversight board should be created to drive forward the commitments made in the plan, and this board should include a representative for children and young people's mental health. In addition, this oversight structure should be reflected at a local level to ensure local implementation is similarly prioritised and driven locally.