

Summary of joint response to the Mental Health Plan Call for Evidence *Briefing for DHSC*

July 2022

Overview

The Schools Wellbeing Partnership and the Children and Young People's Mental Health Coalition have submitted a joint response to the mental health plan call for evidence, based on the views of our members. Our membership reflects a significant and wide diversity of expertise and experience from across the children and young people's mental health system. This short briefing is intended to provide an overview of the key recommendations from our response. The briefing focuses on four key areas: early intervention and prevention, the quality and effectiveness of treatment, resources, and implementation.

What do children and families need from the mental health system?

Crucially, at the centre of these changes should be the voices of children, young people, and their families. When we asked our members what children and families need from the mental health system, they highlighted the following priorities:

- Addressing workforce issues in the infants, children, and young people's mental health workforce, including better training, and building skills and confidence in the wider children's workforce
- Full implementation of whole education approaches to mental health and wellbeing in schools, colleges, and universities
- Swift access to support, including greater access to community-based support
- Early support before children and young people reach crisis point
- Greater co-production and co-design of services
- Whole family approaches to mental health
- A menu of support options of the services available for children, young people, and families in their local area
- Dedicated support for marginalised and excluded groups
- Prioritising addressing the risk factors of poor mental health
- Joined up and integrated care for those with multiple needs

Promotion, prevention and early intervention

Our members have long been calling for prevention and early intervention to form an intrinsic part of the mental health system for babies, children, and young people. 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. However, there has been a lack of clear direction and strategy in relation to the development of prevention and early intervention support services and initiatives, and no funding has been forthcoming to support these areas. We believe the Government should use the Mental Health Plan to reaffirm and strengthen their commitment to prevention and early intervention, supported by an action

plan on how they will increase the availability of this support over a ten year period. This must be backed by urgent investment, as lack of funding has previously hampered the development of these services and has placed undue pressure on other parts of the system such as specialist provision, as need is not identified and met at an early stage.

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. Evidence shows that early support hubs deliver excellent outcomes for young people and provide an effective gateway to support for young people facing the greatest mental health disparities. We believe that early support hubs provide a clear opportunity to bridge the gap in early intervention support that currently exists.

The implementation of the new plan 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.

Our recommendations for the Mental Health Plan include:

- A commitment for the mental health policy tool to be fully implemented by all departments and completed in a transparent way for all policy development.
- Invest in and resource national implementation of whole school and college approaches to mental health and wellbeing.
- Recognise and respond to the risk factors of poor mental health, including child poverty and experiences of racism, discrimination and exclusion. Action to address these risk factors should be central to the Mental Health Plan.
- Prioritise whole family approaches through the implementation of comprehensive support for families, such as increased provision of parenting programmes and parent support groups.
- Increase support in the early years through delivery of a comprehensive 0-25 mental health pathway which includes the increased provision of parent-infant specialist teams.
- Invest and increase the availability of early intervention support in the community through the provision of early support hubs and social prescribing initiatives.

Improving the quality and effectiveness of treatment

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. Our members have identified steps that need to be taken to improve the quality and effectiveness of treatment for babies, children and young people, which we have set out in submission.

What is more, 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. Research highlighted in our full response demonstrates that community-based treatment performs similarly to inpatient care. Acute care, particularly out of area, is also extremely expensive, costing over a half a million pounds per child, per year. 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.

Our recommendations for the Mental Health Plan include:

- 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.
- To increase the use of community-based provision as an alternative to inpatient care, 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.

Resources

For real change to be made to babies, children and young people's mental health and the services that support this, there needs to be a dramatic increase in resources, particularly in relation to funding and workforce. We are concerned that no additional funding will be made available to support the delivery of the plan, and subsequently question how the ambitions of the plan can be delivered without this. 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.

What is more, there have been enduring issues with the children and young people's mental health workforce, with longstanding issues with recruitment and staff burnout following the Covid-19 pandemic. We are clear that effective change cannot be made without the workforce to deliver this, and that this change cannot be sustained by a 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.

Our recommendations for the Mental Health Plan include:

- 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.
- A mechanism should be put in place that routinely provides data on the total amount spent on children and young people's mental health.
- A workforce strategy should be developed that will set out how the government will see to increase the children and young people's mental health workforce.
- 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. As part of this, all children's workforce practitioners should have training on children's mental health.

Implementation

Whilst we recognise the progress that has been made in improving 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. This is largely a result of fragmented policy at a national level. We are clear that any new Mental Health Plan should learn from past shortcomings and limitations of previous strategies.

Strong local system partnerships are a vital component in the implementation of the strategic commitments of a 10 year mental health plan. 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. 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.

It must also 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.

Our recommendations for the Mental Health Plan include:

- A clear, national framework for implementation for 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.
- 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

If you have any questions or would like to find out more about our response then please get in touch with: Charlotte Rainer from the Children and Young People's Mental Health Coalition at charlotte.rainer@cypmhc.org.uk or Pam Shaw from Schools Wellbeing Partnership at Pshaw@ncb.org.uk.