The background is a solid purple color. There are several decorative elements: a circle with diagonal lines in the top left, a solid pink circle overlapping it, a large light purple circle on the right, a large yellow circle in the bottom left, and a large green circle with diagonal lines in the bottom right. A white vertical bar is on the right side of the page.

A manifesto for babies, children and young people's mental health

November 2023



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

A snapshot of our asks

1

COMMIT

to at least an additional £1.7bn per year for a comprehensive 0-25 pathway.

2

EMBED

whole education approaches to mental health and wellbeing across all education settings.

3

INCREASE

the provision of early intervention through early support hubs.

4

REFORM

the Mental Health Act 1983.

Foreword from our Chair

This is a watershed moment for children and young people's mental health. A perfect storm of the Covid-19 pandemic, deepening inequalities in society and decades of inaction have led to an untenable situation where demand far outstrips capacity – leaving babies, children, young people, and their families without the support they so desperately need.

The human, economic and social costs of this failure are stark and **4 in 10** people now say mental health will be a key factor in how they vote at the next election.

Whoever forms the next Government must grasp the nettle and commit substantial funding, cross-departmental policy change and long overdue legal reforms to prioritise and protect the mental health of our babies, children and young people.

We call on all political parties to put this issue at the heart of their manifestos and adopt our four pledges, which have support from **over 200 organisations** from across the mental health sector. It is imperative that we do not fail current and future generations of young people.

Amy Whitelock Gibbs
Chair, Children and Young People's Mental Health Coalition



The political action needed

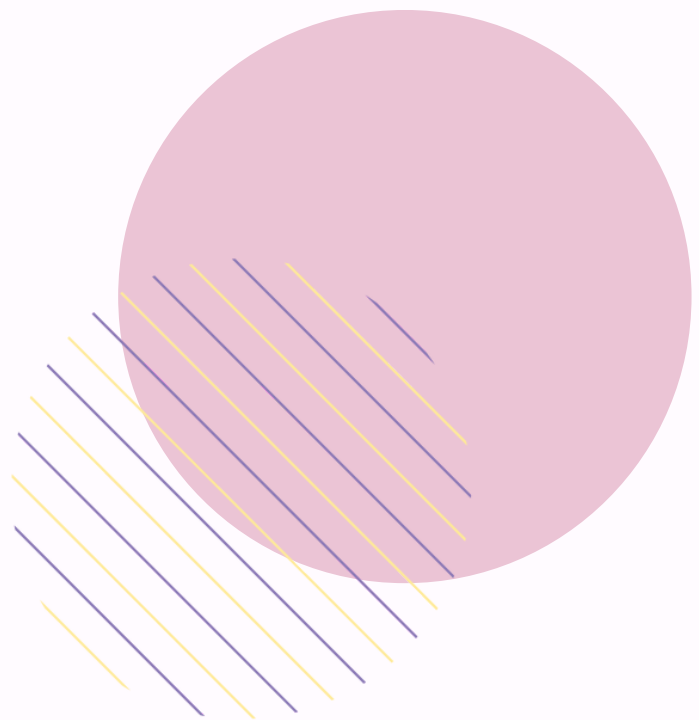
We are calling on all political parties to make a headline manifesto commitment to improve mental health outcomes for all babies, children and young people in order to build a healthier and more prosperous society. Our manifesto asks have consensus from across the mental health sector and would be the first step in ensuring that all babies, children and young people grow up in a society that prioritises and protects their mental health and wellbeing.

We call on political parties to:

- **Commit at least an additional £1.7bn per year for Integrated Care Systems to deliver a comprehensive mental health pathway for all babies, children and young people aged 0-25.**
- **Embed whole educational approaches to mental health and wellbeing across all education settings.**
- **Increase the provision of early intervention support in the community through the national roll-out of early support hubs in every local area.**

- **Bring forward reform of the Mental Health Act 1983, to ensure that children and young people's rights are protected and promoted, and that they receive high quality and compassionate care.**

We also endorse the recommendations set out in [Mentally Healthier Nation](#): a ten-year, cross Government plan for better prevention, equality and support, and support the commitments put forward by our member organisations.



The case for action

Babies', children, and young people's mental health is the critical issue of our time. It is well understood that the majority of adult mental health problems first emerge in childhood and adolescence, with half of all lifetimes mental health problems established by the **age of 14 and 75% by age 24** (Kessler et al., 2005; McGorry et al., 2007).

Mental health needs in children and young people have risen even more in recent years, with the Covid-19 pandemic further exacerbating need and deepening inequalities within society - such as poor housing, poverty and systemic oppression - that in turn impact on mental health.

- It is suggested that around **10-25% of young children** experience a disorganised attachment relationship with their main carer(s). This can significantly increase the risk of poor social, emotional and cognitive outcomes (First 1001 Days Movement, 2021).
- In 2023, about **1 in 5 children and young people aged 8 to 25 years** had a mental health problem (NHS Digital, 2023).

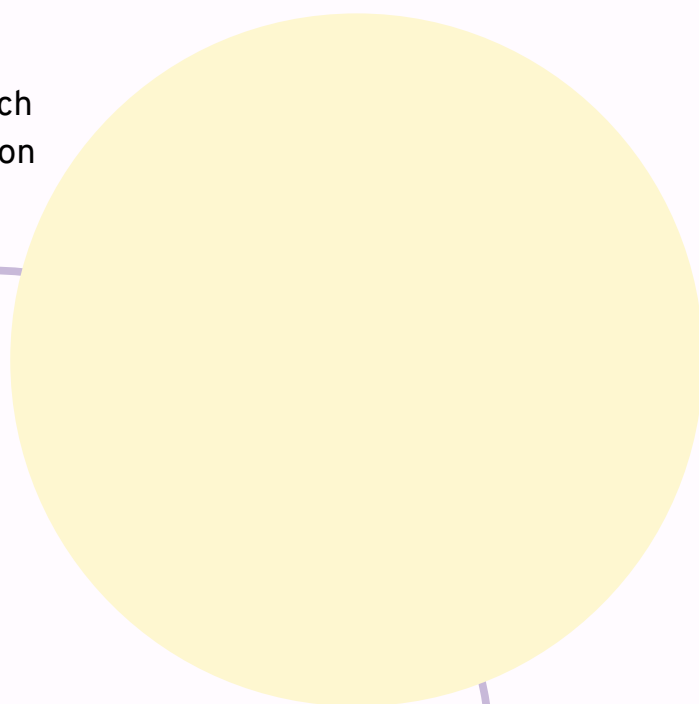
- **Suicide is the most common cause of death** for both boys and girls aged between 5 and 19 (ONS, 2019).
- **1.5 million children and young people** under the age of 18 could need new or increased mental health support following the Covid-19 pandemic (O'Shea, 2021).

Decades of inaction has led to a children's mental health system where demand is now outstripping capacity. High thresholds for support, rejected referrals and long waiting times are the main tenants of the system, meaning that children and young people face significant challenges in accessing the support they need. It is estimated that around **75% of young people** experiencing a mental health problem are forced to wait so long that their condition gets worse, or they are unable to access any treatment at all (Local Government Association, 2023).

Any government that truly aspires to promote a healthy society must put mental health at the centre of its policy. It is estimated that the economic and social cost of mental ill health has grown in the last decade to **almost £119 billion** a year (O'Shea, 2020).

Experiencing mental health difficulties in childhood or adolescence can have a significant impact across the life course. It has been shown to substantially affect young people's educational outcomes, earnings, employment, ability to maintain relationships and likelihood of engaging in risk-taking behaviour. The human and financial costs of failing to support young people are high and undermine our health as a society.

What is more, recent polling demonstrates that the public overwhelmingly view mental illness as an issue that requires action across government and the public sector. **4 in 10** people now say that mental health will be important in shaping their decision on which party to vote for at the next general election (Rethink Mental Illness, 2023).



1. Commit at least an additional £1.7bn per year for Integrated Care Systems to deliver a comprehensive mental health pathway for all babies, children and young people aged 0-25

Mental health care for babies, children and young people has been underfunded for many years. Whilst the NHS Long Term Plan committed to address the disparity in funding for children's mental health by investing in these services at a rate faster than both overall NHS funding and total mental health spending, the reality is that services remain woefully under-resourced, and demand continues to outstrip capacity. Evidence suggests that NHS specialist mental health services are turning away **one in three children and young people** referred to them for treatment (Local Government Association, 2023).

The way the system is currently set up and funded also means that not all children and young people are catered for. At one end, very little mental health provision is in place for children aged under 2, and once a child turns 18, they are at risk of falling off the cliff edge of support as they transition to adult mental health services.

On average, local areas **spend less than 1%** of their overall budget on children's mental health and **13 times more** on adult mental health services than on services for children (Local Government Association, 2023). There is also wide regional variation, with spend per child across local areas ranging from **£34 to £131** (Ibid).

What is more, funding for other areas of the system, particularly prevention, has significantly declined. Analysis by the Health Foundation shows that the Public Health Grant **has been cut by 26 per cent** on a real terms per person basis since 2015/16 (Finch, 2023), risking essential services for babies, children and young people, such as school nurses and health visitors, being cut.



What should the next Government do?

Commit additional funding to Integrated Care Systems in order to deliver a comprehensive pathway of support for 0 to 25 year-olds, that reaches across health, social care, education, justice, and the voluntary sector.

In order to meet 100% of need for all those aged 0-17 living in their local area, an additional **£1.7 billion per year** should be made available to Integrated Care Systems specifically for babies, children and young people's mental health [1].

We recognise that not all babies', children and young people will need NHS support, so it is crucial that there is a comprehensive pathway of support that covers the Thrive framework of getting advice, getting help, getting more help and getting risk support (Wolpert et al., 2019). This should be coupled with pathways to ensure that those with specific needs can get support, for example, children and young people with neurodiverse or physical conditions, and children and young people in care or who are care experienced.

The Government should also calculate the additional investment that is required for 18 to 24 year-olds and for eating disorder services, and this should be factored into future funding decisions.

[1] This is based on calculations of NHS Integrated Care Systems planned spend of £998m in 2022/23 on children and young people's mental health (excluding eating disorders) which met approximately 37% of estimated diagnosable levels of need in England. Calculations available on request.

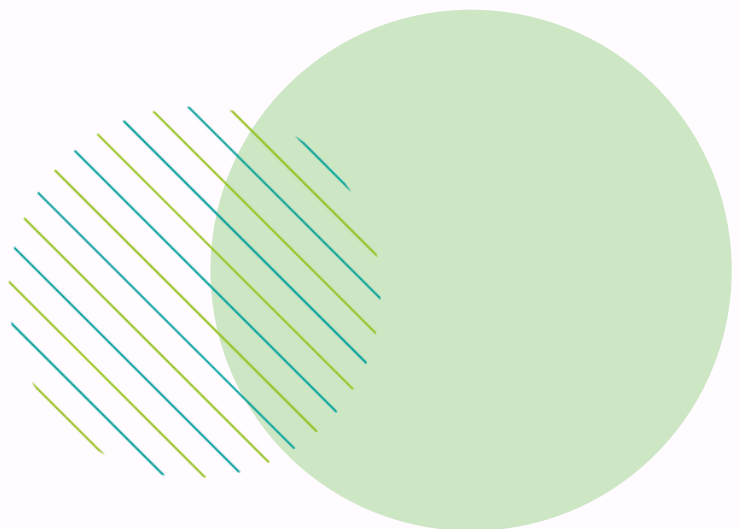
2. Embed whole educational approaches to mental health and wellbeing across all education settings

Early years settings, schools, colleges and universities all have an important role to play in promoting and protecting children and young people's mental health and wellbeing. Happy, healthy children are better able to learn and achieve in school. Evidence highlights the link between mental health and educational attainment – children experiencing poor mental health are **three times less likely** than their peers to pass five GCSES (Smith et al., 2021).

However, levels of mental health awareness, funding and support within education settings remain highly variable. Whilst many schools and colleges are doing a great deal to ensure the mental health of their pupils is supported, the funding that enables schools to do this comes from core budgets.

This means that that headteachers and governing bodies are deciding on mental health care spend on a school-by-school basis, further amplifying the high variance in support. What is more, challenges with resources and capacity also affect a setting's ability to prioritise mental health and wellbeing.

Steps have been made over recent years to create and implement whole education approaches to mental health and wellbeing. Such approaches ensure that all parts of the school culture actively promote, protect and support all learners and staff's mental health and wellbeing, yet they are not routinely embedded in all settings and remain optional.



What should the next Government do?

Embed whole education approaches to mental health and wellbeing across all settings to ensure cultures that promote positive mental health and wellbeing for both learners and staff.

The benefits to preventing mental health problems arising, and intervening early when they do occur, can be significant for education settings. It can result in improved attainment, attendance, reductions in behavioural problems, as well as happier, more confident children and young people (HM Government, 2021).

Analysis by our member Place2Be has estimated that the cost for the roll out of a whole education approach programme in England would be approximately **£530 million per year** based upon the key elements of such an approach [2]. This would offer:

- A school-based mental health practitioner to provide support for children and young people, through one-to-one counselling, group sessions, assessment and referrals to specialist provision. This estimate is based on a 1.5-day embedded service in primary schools and a 5-day model for secondary schools in England, including expert supervision for the practitioner.
- A Senior Mental Health Lead school leader programme, to assist a school to take a strategic approach to putting in place a whole school approach and provide a reflective space for the designated lead.
- An online mental health foundation programme for school staff to build knowledge, skills and understanding via a CPD accredited course.
- Small group supervision sessions for teachers and other school staff supporting positive mental health in school communities.
- Parenting and family support for primary aged pupils, including an online course and expert website resources.

Ultimately, committing to invest in whole education approaches would ensure that mental health is embedded within the education system, which would have a universal impact on the health of every child and young person.

[2] This approach builds on and complements the current plans for the Mental Health Support Teams being rolled out by the Department for Education and NHS England and the Senior Mental Health Lead training programme. Costs of the Senior Mental Health Lead training programme have been included in estimates, but this cost could be removed if the Department committed to long-term, annual funding of the programme.

3. Increase the provision of early intervention support in the community

Early intervention services aim to identify and support children and their families at an early stage to prevent problems developing later in life and avoid more costly interventions. However, there is patchy provision of early support services across the country, meaning for many children and young people, their needs will escalate before they are able to access support. This will put increased pressure on mental health services further down the line. The **number of A&E attendances** by young people aged 18 or under with a recorded diagnosis of a psychiatric condition **have tripled** since 2010 (Lintern, 2020).

There have been wide-ranging calls to equitably fund the system which includes investing in early intervention provision in local communities, alongside late intervention, crisis and urgent care. The early support hub model has been recognised as an effective mechanism to providing early help to children and young people aged 11-25 in the community, providing a youth-led and accessible approach. Early support hubs offer easy-to-access, drop-in support on a self-referral basis for young people with emerging mental health needs, up to age 25.

What should the next Government do?

Invest in a national network of early support hubs in every local area in order to increase the provision of early intervention support in the community.

Early support hubs have been shown to have excellent outcomes for young people, both internationally and in the UK. Building on the existing evidence base for these services, early support hubs would reduce pressures on the NHS and improve young people's life chances by providing a community space to access flexible support for emotional wellbeing (Fund the Hubs, 2022). They can also form part of a comprehensive mental health and wellbeing pathway for children and young people.

To establish a hub in every local authority area [3], we estimate that it will cost the Government between **£114m to £134.5m** per annum for running costs and an additional **£125.4m to £205.2m** for capital costs to establish hub sites. It is important to note that there will be regional variations in costs as well as in access to existing infrastructure and properties, which will either reduce or increase costs. This is in addition to the investment of **£1.7 billion** required to develop a comprehensive pathway of support for 0 to 25 year-olds.

The workforce for early support hubs varies depending on the services offered and is typically multidisciplinary in make-up. However, the type of roles that you would expect to see in an early support hub include:

- Service manager
- Counsellors
- Youth workers (for drop in & detached/outreach youth work)
- Employment, housing, and debt advisors
- Sexual health nurse
- Administrator
- Some services are also supported by volunteers and peer to peer workers

In a survey of their current workforce, analysis by the British Association for Counselling and Psychotherapy (BACP) shows that around a third of their 58,000 members (approximately 19,000 counsellors) have undertaken specific training for working therapeutically with children and young people aged 9 to 18 (BACP, 2021). Of those trained specifically to work with young people, over half (55.5%) have indicated that they would like more paid client work and, on average, have the capacity to take on an extra five clients per week. Extrapolating these figures suggests that BACP members alone are trained and available to work with over **51,000 additional young people per week** (Fund the Hubs, 2022).

Investing in a national network of early support hubs would help to bridge the gap in early intervention support that currently exists and prevent costlier referrals to specialist services later down the line.

[3] Based on 152 upper tier, county, metropolitan and unitary local authorities. A breakdown of these costings are available upon request.

4. Bring forward reform of the Mental Health Act 1983

It is estimated that around **3,500 children aged under 18** are admitted to mental health inpatient settings a year (Article 39, 2021). Care of this kind is extremely expensive, **with acute care costing over half a million pounds** per child, per year (O'Shea and McHayle, 2021).

Too many children and young people are placed in inappropriate settings and on adult wards, and insights gathered from children and young people highlight that their experiences of inpatient care are often poor. Research by the Children's Commissioner for England shows how children and young people within inpatient settings can find them frightening places to be, separated from their friends and families, and often seeing and experiencing high levels of restraint (Children's Commissioner, 2023).

Inequalities in the disproportionate use of detentions under the Mental Health Act also first emerge in childhood. Evidence shows 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 make up just **5% of those accessing community-based child and adolescent mental health services** (Centre for Mental Health, 2022).

Reforming the Mental Health Act provides a key opportunity to not only improve care and strengthen safeguards for children and young people admitted to mental health hospitals, but also to reduce the number of people being detained under the Act, especially people from racialised communities.

There is broad consensus – both politically and across the mental health sector – for reforming the Mental Health Act, which has its mandate from the Independent Review of the Mental Health Act. Extensive work to reform the Act has already taken place – a White Paper was published in 2021 and a draft Mental Health Bill has been developed and undergone pre-legislative scrutiny.

What should the next Government do?

Introduce a new Mental Health Bill to reform the Mental Health Act 1983 as part of the first King's Speech. Children and young people must be a central part of a new Mental Health Bill, with their rights explicitly protected and promoted.

In the long-term, a shift towards the increased use of community-based provision should be accelerated. There is 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. Work is already under way in some areas to increase the use of community-based alternatives, and we believe these examples need to be expanded and built on across the country.

The use of community-based alternatives can also result in significant savings. Analysis has quantified that offering community treatment and intensive support instead of acute beds can reduce the cost of treatment by **£15.3 million**, largely driven by reductions in out of area placements and lengths of stay in hospital (O'Shea and McHayle, 2021).

What are the enablers of an effective mental health system?

In order to make these asks a reality, there needs to be structural changes to the way the children and young people's mental health system currently operates. We have identified the following enablers for an effective mental health system that need to be enacted in order to create sustainable change.

Working in partnership with children, young people and families

The voices of children, young people and families must be placed at the centre of the mental health system. We believe it is crucial that a national directive is set that ensures local health and care systems routinely listen to the voices of children, young people and families, and that these voices are integrated into service design and improvement processes going forward. This will help to ensure that services are delivered that best meet the needs of children and young people.

Cross-government working

Mental health is not the responsibility of health or the NHS alone but spans all departments of government. To achieve real change, true integration across all government policy and programme development is required. 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.

Understanding the impact of government policies on the mental health of babies, children, young people and families will also be vital. One mechanism to achieve this would be to ensure that a mental health impact assessment is fully implemented and completed across departments when formulating new policy.

A clear implementation and accountability framework

Previous plans and strategies put in place to address mental health difficulties have been thwarted by a lack of implementation frameworks or accountability mechanisms, meaning that they have not been comprehensively delivered on. Any action committed to improve mental health outcomes for babies, children and young people therefore must be supported by a clear, national framework for implementation to ensure that commitments made translate into improvements in the quality and effectiveness of treatment at a local level. This includes robust data collection process across the system, and greater transparency and reporting on need, access and outcomes.

What is more, different parts of the mental health system are 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 that a mechanism should be put in place that provides clarity on the total amount spent on children and young people's mental health.

Workforce

Effective change cannot be made without the workforce to deliver this, and this change cannot be sustained by a stressed workforce. Whilst the children and young people's mental health workforce has grown over recent years, high levels of staff turnover and burnout means that demand is still outstripping capacity. As a result, the workforce continues to be the largest barrier to increasing access to mental health provision for children and young people. It is crucial that action is taken to properly invest in the workforce and to create an integrated and diverse workforce strategy for children and young people's mental health. This should include strategies to support staff wellbeing and development and creating safe and thriving cultures for all.

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About the Children and Young People's Mental Health Coalition

The Children and Young People's Mental Health Coalition is a collaborative network of over 270 organisations dedicated to advocating for and influencing policy in relation to the mental health needs of babies, children, and young people. Our coalition consists of diverse stakeholders, including mental health organisations, youth support services, educational institutions, and concerned individuals, all united by a shared commitment to improving the well-being of children. We aim to raise awareness of the importance of mental health and ensure that children and young people have access to the necessary support and services.

If you would like more information, please contact Charlotte Rainer, Coalition Manager, on charlotte.rainer@cypmhc.org.uk