

## **Progress in improving mental health services**

### ***Written response from The Children and Young People's Mental Health Coalition***

#### **Summary**

The Children and Young People's Mental Health Coalition brings together 246 organisations to campaign and influence policy in relation to babies, children and young people's mental health and wellbeing. This response is based on the views of our members. If you require any further information, please get in touch with [Charlotte.Rainer@cypmhc.org.uk](mailto:Charlotte.Rainer@cypmhc.org.uk).

We welcome this inquiry from the Public Accounts Committee on progress made on mental health services. Our response will focus specifically on progress made in relation to children and young people's mental health services.

Children's mental health care has historically been described as a 'Cinderella service', with high numbers of children not accepted into treatment and long waits for those who can get onto waiting lists (Children's Commissioner, 2021). Consequently, there has been a range of policy commitments aimed at transforming children and young people's mental health services. However, we consistently hear how the commitments set out to date are not ambitious enough to create the scale of change required, and children and young people continue to report poor experiences of services.

#### **Children and young people's mental health need**

Over recent years, there has been a continuous decline in children and young people's mental health and wellbeing. Data from NHS Digital shows that one in six children and young people aged 7 to 16 had a mental health problem in 2022 compared to one in nine in 2017 (NHS Digital, 2022).

It is likely that the Covid-19 pandemic placed additional pressures on children's mental health. Evidence from Centre for Mental Health suggests that 1.5 million under 18 year olds could need new or increased mental health support as a result of the pandemic (O'Shea, 2020). An area that has seen a rapid increase in need following the pandemic is in relation to eating disorders. NHS Data shows that in 2022, 2.9% of 11 to 16 year olds and 60.3% of 17 to 19 year olds had possible eating problems (NHS Digital, 2022).

There are concerns that the fallout from the pandemic has placed additional pressures on the mental health system and that existing NHS service capacity and infrastructure may not be able to cope with growing mental health needs.

#### **Review of progress made**

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

## **1. Preventative and early intervention support**

It is 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 (CYPMHS) (Children's Commissioner, 2019). 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.

Within local areas, 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 further confused 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, 2019). 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).

### **What further action is required?**

Coalition members have highlighted the need for the comprehensive expansion of early intervention support in community settings. An effective way of delivering these services is through the delivery of early support hubs. 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.

There is broad support for a national rollout of early support hubs. For example, the Health and Social Care select committee recommended a national roll out of early support hubs in their inquiry into children and young people's mental health and The Children's Commissioner for England has also backed the establishment of a network of community based mental health hubs for children and young people as part of her The Big Ask, The Big Answer report.

### **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.

## **2. Mental health support in education**

The Transforming Children and Young People's Mental Health Provision: a green paper set out a vision for a whole school and college approach to mental health and wellbeing through increasing the availability of early intervention and prevention support in schools and colleges. The green paper set out three key proposals, including the roll out of Mental Health Support Teams (MHSTs), to support all schools to train a senior lead for mental health and to pilot a four week waiting time for access to specialist NHS children and young people's mental health services. The Green Paper stated that these proposals would only be rolled out to at least a fifth to a quarter of the country by the end of 2022/23, and that precise rollout would be determined by future funding.

Some positive progress has been made in implementing the green paper proposals (Department for Education, 2022):

- Senior mental health lead training: by March 2022, 8280 schools and colleges had claimed a grant, representing 35% of eligible settings. It is unclear if the Department for Education are on track to reach 100% of schools by 2025 as set out in the green paper.
- Mental Health Support Teams: As of Spring 2022, 287 teams were operational covering over 4,700 schools and colleges and 26% of all learners. Over 500 MHSTs will be up and running by 2024. This means NHS England are on track to surpass the coverage target a year earlier than planned.

However, there has been significant concerns regarding the implementation of the green paper proposals, and in particular the speed in which all areas of the country will have access to a MHST. The plan to roll out the teams to only a quarter of the country will mean that some schools and colleges will be left without this vital additional support, further heightening the postcode lottery that already exists for children and young people's mental health services. Analysis from Barnardo's suggests that the current timetable for roll-out leaves around 6.5 million children without access to in the medium term (Barnardo's 2023).

What is more, funding for MHSTs beyond 2023/24 is still yet to be decided, meaning there is no guarantee on how much further, or how quickly, MHSTs will be expanded (Department of Health and Social Care written answer, 2021). Funding beyond 2023/24 therefore needs to be urgently clarified to ensure this vital provision can continue.

### **Recommendation:**

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

## **3. Access to NHS Children and Young People's Mental Health Services**

It has been the ambition of successive governments to increase access to children and young people's mental health services, and targets have been set to support this ambition. For example:

- The Five Year Forward View (2016) committed that at least 70,000 children and young people each year will receive evidence-based treatment - representing an increase in access to NHS-funded community services to meet the needs of at least 35% of those with diagnosable mental health conditions.
- The NHS Long Term Plan (2019) pledged that by 2023/24, at least an additional 345,000 children and young people aged 0-25 would be able to access support, with a 100% of young people needing specialist care accessing it by the end of the decade.

Some progress has been made in meeting these targets. NHS England note that the Five Year Forward View target has been met with over 420,00 children and young people were treated through NHS-commissioned services in 2020/21 - this is approximately 39.6% of children and young people with a mental health condition (using the 2004 prevalence figures. When using 2017 prevalence figures, this gives a rate of 37%) (NHS England, n.d.) Progress in meeting the Long Term Plan target is less clear. The National Audit Office found that for 2021-22, NHSE was 3% below its target for 0 to 17 year olds (National Audit Office, 2023).

Despite these targets to improve access, many children and young people still face high access thresholds for support and rejected referrals, followed by long waits if they do get accepted into services. Findings from the Children's Commissioner for England show that over half of children with a mental health problem did not receive treatment in 2021-22 (Children's Commissioner, 2023).

As the number of children and young people with mental health problems rises, there are concerns that the existing NHS service capacity may not be able to cope with this growing need, particularly following the Covid-19 pandemic. The Children's Commissioner has found that for the first time since 2017-18, the percentage of children who had their referrals closed without treatment has increased (Children's Commissioner, 2023). In 2021-22, 32% (equivalent to 238,000 children in England) of those referred to mental health services did not receive treatment.

The commitments pledged by the Government to expand access have been continuously criticised for not being ambitious enough in improving access. For example, an independent Expert Panel of the Health and Social Care Select Committee evaluated progress against targets set out in the Five Year Forward and found that whilst progress on this target has been good, the target was not ambitious enough to start with (Health and Social Care Select Committee, 2021).

A report by the Health and Social Care Committee on children and young people's mental health further noted that even after ambitions for access are met, far too many children and young people will be unable to access the care they need (Health and Social Care Select Committee, 2021b). The Committee concluded that the combination of unmet need prior to the pandemic and additional needs created by the pandemic means that the scale and

speed of improvements planned are not enough and that services are at risk of going backwards.

### **What further action is required?**

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 believe a long-term comprehensive, cross-government strategy for mental health is required, that recognises and prioritises the unique needs and experiences of babies, children and young people, and sets out the change that is needed to improve the mental health system. This should be supported by a clear, national framework for implementation to ensure that actions set out translate into improvements in the quality and effectiveness of treatment for children and young people at the local level.

A strategy of this kind has become particularly important following the announcement that the ten-year mental health plan will now be rolled into a new Major Conditions Strategy which will cover mental health alongside other major conditions such as cancer and dementia. Our members are concerned about the extent to which children and young people will be a priority in this strategy.

### **Recommendations:**

- The Department of Health and Social Care should work with NHS England and other departments to develop a cross-government, mental health strategy. This should be supported by a clear, implementation framework.

### **4. Inpatient care**

The Five Year Forward View pledged that by 2020/21, inpatient stays for children and young people will only take place where clinically appropriate, will have the minimum possible length of stay, and will be as close to home as possible to avoid inappropriate out of area placements. However, children and young people continue to 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 circumstance.

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. Data from statutory notifications to the CQC shows there were 249 admissions of under 18s to adult wards over the course of 2021/22. This is a 30% increase from 2020/21 (Care Quality Commission, 2022).

What is more, there are significant gaps in available data on children in mental health hospitals, and the data that does exist can often be incomplete and difficult to access. As a result, it can be difficult to monitor progress on commitments made and whether children's rights are being upheld within these settings.

### **What further action is required?**

The reforms to the Mental Health Act are the first step in improving the care and treatment for those in mental health hospitals. This should include strengthening the requirement for under-16s not to be placed in adult ward and 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. A new Mental Health Bill should therefore be introduced at the earliest opportunity.

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.

For example, NHS England's New Care Models (NCM) Programme aims to improve outcomes for people in acute care (O'Shea, 2020b). 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 Rapid Review into inpatient settings also presents a timely opportunity to tackle longstanding issues with data quality and collection. Whilst the immediate focus should be on securing basic information about children's admissions and detentions, in the longer-term there should be an ambition for much more detailed and useful data to be recorded and reported to help drive improvement for children and young people.

### **Recommendations:**

- The Mental Health Bill should be introduced at the earliest opportunity. The 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.

- 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.
- Following the Rapid Review of Inpatient care, the Government should set out an action plan on improving care and patient experience within inpatient settings. This should include actions to reduce the use of inappropriate placements for children and young people.

## **5. Resources needed to deliver change**

### **Workforce development:**

We see the workforce as comprising all professionals who work to improve the mental health of infants, children, and young people. Transforming the mental health workforce is crucial in creating sufficient capacity within the system, but NHS England has consistently cited an insufficient workforce as the greatest challenge to improving access to services.

Positively, progress has been made in growing in the children and young people's mental health workforce. Data from Health Education England shows a 39% increase in the children and young people's mental health workforce between 2018-2021 (Health Education England, 2021), and a further 5% growth was reported in 2022.

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 therefore help reduce the overall pressure and strain on the children and young people's mental health system.

### **Funding:**

What is more, 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. 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.

### **Recommendations:**

- To urgently addressing shortfalls in workforce, NHS England and the Department for Health and Social care should commit to develop an integrated workforce strategy for children and young people's mental health.

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