Children & Young People's Mental Health Coalition

CYPMHC Response to the 10-Year Health Plan

02.12.2024

Q1. What does your organisation want to see included in the 10-Year Health Plan and why?

For far too long babies, children and young people have been an afterthought in national policy making, particularly in relation to mental health. Lord Darzi's landmark review of the NHS highlighted the dire state of children's 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). The 10 year Plan therefore presents a crucial opportunity to create a more equitable healthcare service that priorities babies, children and young people, both in terms of funding and the care provided, and achieves parity of esteem between physical and mental health.

The Children and Young People's Mental Health Coalition believe the 10 year Health Plan should prioritise the following:

- **Put the voices of babies, children and young people at the centre**: It is crucial that children and young people's voices are the centre of any decisions that affect them. The plan must also seek to represent and support the needs of all young people, particularly those who are more at risk but less likely to access services due to systemic barriers, exclusion or discrimination. All young people should be able to access support that best serves them, and this can only occur when young people can have a say in what they need and how they need it.

- **Prioritise 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.

- **Action to tackle the risk factors of mental health:** Our members are clear that without action to address the risk factors of poor mental health such as poverty and inequality, 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. It is important that consideration is given to how the Health Plan will interact and work with other government plans such as the Child Poverty Strategy and proposed Equalities Act to ensure a holistic approach to babies, children and young people's needs.

- **Establish a comprehensive pathway of culturally competent mental health support**: For young people that require further support there should be a comprehensive pathway of culturally competent mental health support at each stage of their lives across the community, schools and NHS Children and Young People's Mental Health Services (CYPMHS). There is currently little mental health provision available for babies and toddlers aged under 2 and around and after young people

turn 18; and support is not always tailored to the specific needs of certain groups of young people. This pathway is essential to provide appropriate support for a diverse range of young people.

For the plan to be truly successful, there needs to be structural changes to the way the children and young people's mental health system currently operates. This should include:

- **A clear accountability and implementation framework**: Any action in the plan must be supported by a clear, national framework for implementation to ensure that commitments translate into improvements in the quality and effectiveness of treatment at a local level. This is essential as previous plans and strategies have been thwarted by a lack of implementation frameworks or accountability mechanisms, meaning that they have not been comprehensively delivered on.
- **Funding**: There must be substantial funding for Integrated Care Systems to deliver a comprehensive mental health pathway for all babies, children and young people aged 0-25. This includes retaining the Mental Health Investment Standard and renewed commitment to funding commitments in the NHS Long Term Plan. Mental health care for babies, children and young people has been underfunded for many years and as a result services remain woefully under-resourced, and demand continues to outstrip provision.
- **Commissioning:** Integrated Care Boards (ICBs) need to be provided with clearer commissioning guidelines in relation to babies, children and young people's mental health and be supported in understanding local need and the local support available.
- **Workforce:** Action must be taken to properly invest in the workforce and to create an integrated and diverse workforce strategy for children and young people's mental health. Effective change cannot be made without the workforce to deliver this, and this change cannot be sustained by a stressed workforce.

References

Local Government Association (2023) Children and young people's emotional wellbeing and mental health – facts and figures. Available from: https://www.local.gov.uk/about/campaigns/bright-futures/bright-futures-camhs/child-and-adolescent-mental-health-and [Accessed 19 October 2023]

Shift 1: Moving more care from hospitals to communities

Q2. What does your organisation see as the biggest challenges and enablers to move more care from hospitals to communities?

There have long been calls to shift mental health support into the community for babies, children and young people. The Health Plan should not only ensure access to high quality and comprehensive community provision, but also build existing community assets. We believe the following needs to be prioritised in order to effectively move care into the community:

Care in the community for babies, children and young people

Taking a whole family approach

A key component of support in the community is ensuring that there is sufficient wrap around support for families. Our members raise that there is not enough support available for families with children dealing with mental health challenges and parents often feel left behind. The plan should prioritise a well-rounded approach to support families, particularly parents, with all services taking a whole family approach to support. The parent-carer peer support model is an example of best practice whereby parent-carers are trained to take on a non-clinical role using their lived experience to support other families. They provide needs led, targeted support as well as practical advice through a families' whole journey. This can be particularly beneficial for families who are able to receive support from a peer workers from a similar community or with similar experiences.

Early support hubs

Early support hubs play a key role in community provision for children and young people. These 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 age 25. They are designed and developed with young people's needs and rights at the forefront, providing a holistic, person-first approach. Research has indicated that early support hubs have comparable clinical outcomes to CYPMHS and school provision and lead to significantly higher satisfaction among young people (Youth Access, 2024). Early support hubs are also an effective gateway to support for young people facing the greatest mental health disparities and can support young people during the challenging transition period to early adulthood.

The Government have committed to making sure that every community has open- access hubs for children and young people with drop in mental health support through Young Futures Hubs. For the delivery of these to be effective, we believe it is vital that roll out builds on the existing expertise and practice of services already embedded in local areas, supporting them to sustain and expand their provision in a way that centres the voices and experiences of young people in their communities. Further, the programme should take a cross Government approach to ensure a holistic approach to mental health and wellbeing.

Social prescribing

Social prescribers play a key role in helping to bridge gaps by helping people identify what support is available to them (Rice, 2023). 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. We believe social prescribing should be utilised and built upon as a key mechanism to increase community provision for children and young people. Government guidance is also needed to provide clarity and increase the confidence of ICBs and GPs around the process of social prescribing for children and young people.

Inpatient settings

Our vision for inpatient mental health care is a shift towards the increased use of community-based provision and a reduced use of inpatient beds, to ensure that 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).

However, there is currently a lack of community alternatives to inpatient care to make this work. It is essential that community intensive treatment teams are in place before reducing the number of inpatient units. The reforms in the Mental Health Bill also heavily rely on strong community alternatives particularly for provision for young people with learning disabilities and autism. It is imperative this is prioritised and put in place but, community care must not be at the expense or replacement of high quality inpatient care for children that need it. Young people who do require specialist in-patient services must be able to access support from comprehensive, joined up community and in patient services. This is particularly important for young people with learning difficulties or those presenting with high levels of risk in the context of a history of trauma.

Mind's crisis café (The Circle) is an example of a model that can be used to manage high levels of risk in the community. The Circle is a safe hub space that provides advice and support in a relaxed, welcoming and calm environment for young people in Ealing that are at or near crisis point with their mental health with both drop in or appointment based services. The Circle provides young people with an alternative to visiting A&E where they may not get specialist mental health support and waiting times can be long. The Circle is funded by the North West London CAHMS Provider Collaborative and is a good example of where collaborative working between the VCSE and mainstream sector can provide easy access to mental health support in the community for young people.

The prevalence of eating disorders in young people has increased in recent years and there has also been a large increase in the numbers of hospital admissions for young people due to eating disorders (Children's Commissioner, 2023). It is vital that high quality, evidence based care is provided for eating disorders in the community to reduce the need for inpatient admissions and support recovery.

We also call for a suicide and self-harm prevention action plan with specific consideration of children and young people.

As well as community alternatives to inpatient care we want to see as many young people as possible stopped from reaching crisis point. This is only possible through significant investment in and access to prevention, early intervention and timely, culturally competent mental health support.

Mechanisms for change

There are two core mechanisms required to create the change that is needed to effectively bring care into the community.

The value of the Voluntary, Community and Social Enterprise (VCSE) sector

A large proportion of support in the community is provided by VCSE sector. The sector is often pushed to plug many of the gaps in provision in the community and is valued by young people because of its independence and are often signposted to by mainstream settings. However, this does not translate to funding and as a result the sector are facing

pressure in providing services with limited capacity, resource and funding. What is more, where funding is available it is often short term, resulting in challenges in creating sustainability and longevity. To enable better community provision for young people, the VCSE sector must be better supported through funding and collaboration with the mainstream sector. Given their extensive knowledge regarding local need, the VCSE sector should also be involved in decision making and existing community assets should be built upon.

What is more, strict reporting requirements on outcomes can create additional challenges for the VCSE sector. Requiring organisations to provide narrow quantitative data on the impact of services can be onerous and impact already limited staff capacity. For care in the community to be truly prioritised, reporting requirements should reflect the value of qualitative data to report on outcomes and flexibility for VCSE's which can often allow for a more nuanced and representative picture.

Commissioning

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. While the children and young people and mental health lead roles on ICBs are welcome they do not have a strong enough mandate. The NHS England operational planning guidance often fails to include system priorities for children and creates perverse financial incentives that do not support investment in children's health (HPIG, 2024). What is more, limited funding and narrow service specifications often means that children's mental health falls off the priority list.

We would like to understand 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. ICBs must also receive adequate, sustainable funding to commission support and services for babies, children and young people's mental health that their local area requires.

Effective commissioning is evidence based, and data driven and involves ICBs understanding their local population's needs. ICBs should ensure there is a clear, concise, and representative offer of the support provided locally, ensuring they are mapping their offer, resources and existing organisation and provision in a joined-up way.

Recommendations

To achieve its aim to move care from the community, the Health Plan should:

- Expand the parent-carer peer support model in the NHS so that all families can access this support if they require it.
- Build on, sustain and expand the early support hub model through the Young Futures Hubs programme.
- Roll out social prescribing initiatives for children and young people's mental health.
- Ensure that there are strong community intensive treatment teams available for those who require alternatives to inpatient mental health services including eating disorder provision.

- Produce a suicide and self-harm prevention action plan with specific consideration of children and young people
- Ensure that there is better support for the VCSE sector through funding, collaboration and allowing flexibility in outcome reporting.
- Identify the need for clearer commissioning guidelines and long term funding to Integrated Care Boards for children and young people's mental health.
- Support Integrated Care Boards to understand local need and map support available in the local area.

References

Health and Social Care Select Committee (2021) Children and young people's mental health. Available from: https://committees.parliament.uk/publications/8153/documents/83622/default/

HPIG (2024) The healthiest generation of children ever. A roadmap for the health system. Available from: https://www.ncb.org.uk/sites/default/files/uploads/files/HPIG%20-%20The%20healthiest%20generation%20of%20children%20ever_0.pdf

O'Shea N. (2020) Bringing care back home: Evaluating the New Care Models for children and young people's mental health. Available from: https://www.centreformentalhealth.org.uk/publications/bringing-care-back-home/

Rice, B. (2023) The Missing Link. Social Prescribing for Children and Young People. Bardnardo's. Available from: https://www.barnardos.org.uk/sites/default/files/2023-10/report-missing-link-social-prescribing-children-young-people.pdf [Accessed 19 November 2024]

Youth Access (2024) The Youth Access model of youth advice and counselling services. Available from: https://www.youthaccess.org.uk/sites/default/files/uploads/files/Youth%20Access%20Model_0.pdf [Accessed 26 November 2024]

Shift 2: Analogue to digital

Q3. What does your organisation see as the biggest challenges and enablers to making better use of technology in health and care?

There has been growing consensus that digital support should form an integral part of the mental health offer, providing children and young people access to information, guidance, advice and support.

Digital tools can have various functions in mental health care, from streamlining processes like appointment booking and remote monitoring, to providing direct therapeutic support and digital youth provision. For example, research from MQ mental health has found that a cognitive behavioural therapy app significantly prevented increases in depression amongst young people at high risk, offering a cost-effective public mental health measure (Perryman, 2024). To begin with, a clear, shared understanding of "digital" in mental health must be established, distinguishing between digital tools (e.g., AI chatbots) and online therapeutic

services, to ensure consistent, effective use of technology. Understanding and identifying these roles will help maximise their benefit and ensure better regulation. By understanding the different functions of digital tools, we can build an evidence base and ensure that young people are provided with relevant and good quality digital support.

Digital transformation for babies, children and young people

Access and waiting times

Digital support can play a key role in improving access to services when young people need support. This approach can help safely and effectively plug gaps in services where resources are limited. This can be through access to self-help apps or access to a practitioner on online platforms. While not all digital services can and should replace face-to-face support, they can help manage waiting times by offering early help. For example, digital tools can help young people to manage while waiting for more intensive support.

Several 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). Digital tools such as self-help apps and 24/7 services provide discreet ways for young people to access support as well as support during off-peak hours making mental health services more accessible. Leveraging the creativity of digital tools (e.g., social media pop-ups for mental health) can also help meet young people where they are and address mental health needs more effectively.

However, not all young people can access digital tools particularly those who face digital exclusion. This could include young people who lack a safe space to engage in digital support at home, young people with poor digital literacy and digital poverty where young people cannot afford to access this support. The consequences of exacerbating inequalities in access to support must be considered in moving to a digital sphere.

Considerations for digital transformation

Our members have highlighted various considerations to ensure effective digital transformation of care for babies, children and young people.

National framework

The Government should develop a clear national framework for mental health services for delivering digital support. This should be informed by research into the need and evidence base for different digital solutions as well as the testing and evaluation of these tools and align to NICE guidelines. There should be a broad sense of what good looks like to inform this, including not just whether it works and is safe but if it will be used. This framework should include a digital offer that is scalable, flexible, cost-effective and meets the diverse needs of young people.

Quality and regulation

There is currently no regulation of the digital mental health space and as such clarity is required on who will do this and how they are qualified to do so. There is an urgent need for quality assurance work around digital provision and only regulated, evidence-based digital mental health tools should be used to ensure safety and clinical quality.

Digital mental health services must also prioritise quality of care over just increasing access. A balanced approach is needed to ensure that the tools are effective, evidence-based, and aligned with the needs of young people, rather than focusing solely on the number of services available.

Cost and funding

The high costs of these digital services may limit organisations' abilities to provide them, potentially leading to a further postcode lottery of support. Funding should be provided for organisations to access well-established, tested digital support tools nationally rather than expecting them to develop or seek out their own tools.

Recommendations

To achieve its aim of digital transformation, the Health Plan should:

- Clearly define 'digital' and scope out the various functions that digital tools can have in mental health care. This should be used to identify the need for and build an evidence base for different tools.
- Ensure that digital methods form an integral part of a blended offer of support for babies, children and young people's mental health.
- Create a national framework highlighting the digital offer in mental health care ensuring the offer is scalable, flexible and cost effective.
- Identify how and by who the digital mental health space will be regulated.
- Set out how funding will be provided to ensure equitable access to digital mental health tools.

References

Perryman, C (2024) How a mental health app is tackling depression in high-risk youth. Available from: https://www.mqmentalhealth.org/how-a-mental-health-app-is-tackling-depression-in-high-risk-youth/ [Accessed 19 November 2024]

XenZone (2020) Kooth sees significantly higher increases in suicidal thoughts, anxiety and depression among BAME young people, compared to White counterparts. Available from: https://xenzone.com/ kooth-sees-significantly-higherincreases-in-suicidalthoughts-anxiety-and-depression-among-bameyoung-peoplecompared-to-white-counterparts/

Shift 3: Sickness to prevention

Q4. What does your organisation see as the biggest challenges and enablers to spotting illnesses earlier and tackling the causes of ill health?

Prevention for babies, children and young people

Tackling risk factors

Tackling disparities and risk factors in the early years and childhood are some of the most effective preventative measures that can be taken. 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 risk factors for poor mental health are the social, economic and environmental circumstances which can lead to the development of mental health problems' (WHO, 2014). This includes factors like poverty, poor housing, racism and discrimination.

For a truly preventative approach we must begin with a robust, joined up, evidence-based understanding of how conditions develop across a range of social, biological and individual risk factors. This understanding should feed into the innovation of structured, user acceptable solutions to tackle these risk factors at different care stages and across different settings. This also requires consideration of how to implement these on an individual level through healthy behaviour change, an organisation level through embedding opportunities for change in schools and community and at a systems level through change across the ecosystem to deliver effective improvements. Read more about this approach in practice here.

Measures to address risk factors for poor mental health require action by all government departments, alongside health. It must be considered how the 10 Year Health Plan will interact with other plans and strategies, such as the Child Poverty Strategy and National Youth Strategy, to ensure a holistic approach to prevention and to reduce the economic and social factors that put some people and communities at dramatically higher risk of poor mental health.

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 from conception and the earliest years of life is critical to reducing mental ill-health in the population. Without doing so, any progress made later in life is undermined by unresolved challenges from infancy. 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 also 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 that 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.

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

What is more, Family Hub's should be expanded alongside the Start for Life programme to ensure that families can access a single front door for support in the community. This must be accompanied by increased investment in key professionals such as health visitors and midwives.

Educational settings

Schools and colleges are well placed to support the promotion of positive mental health and prevent mental health problems in childhood. However, our members have raised concerns that the current education system over prioritises academic attainment which limits opportunity and capacity for relationship building. Members are clear that we need to see a cultural shift in education to focus more on belonging and relationships and to better support the psychological development of pupils. Evidence has shown that positive relationships between pupils and teachers can act as protective factors for mental health and wellbeing (Abdinasir, 2019) and a strong feeling of belonging at school is important for pupil happiness and mental health (NCB, 2024).

To facilitate this, we believe that the Government should embed whole education approaches to mental health and wellbeing in all of its policies and across all education settings to promote positive mental health and wellbeing for both learners and staff. A whole education approach encompasses a complete, setting-wide, and multi-component approach to the promotion of children and young people's mental health and wellbeing and aims to place mental health as foundational to all aspects of educational life, for all students and staff. Whilst many schools are working to implement whole educational approaches this work is often underfunded, comes from core budgets, and remain optional within schools.

Mental Health Support Teams (MHSTs) also have an important role to play in providing early intervention support for pupils within schools and colleges. An evaluation of the MHST programme (led by NHS England) so far has found some positive outcomes. For example, staff feeling more confident talking to children about mental health problems, being able to access advice about mental health problems more easily and having quicker access to support (Ellins et al., 2023).

However, the evaluation highlighted that some children and young people continue to fall though the gaps in support. This includes those with more serious mental health difficulties and groups such as young people with special educational needs or neurodiversity, those from racialised communities and some religious backgrounds, and children with challenging

family or social circumstances[1]. Alongside this, there have been significant concerns about the implementation and ambition of the Green Paper proposals and the speed at which all areas of the country will have access to this additional support. MHSTS currently reach 44% of all pupils in schools and college, with an ambition to reach 50% by 2025. We recommend that the existing Mental Health Support Team model is rolled out in all educational settings to ensure that all schools have the capacity to support pupils without the pressure to fill the gaps in support alone.

Mechanisms for change

Our members have identified some core mechanisms to create the change that is needed to take an effective preventative approach to poor mental health in babies, children and young people.

Funding

Prevention can play a crucial role in addressing the risk factors for poor mental health. However, success in integrating preventative support within the mental health system has been hampered by funding and the workforce. For example, analysis by the Health Foundation shows that the Public Health Grant has been cut by 26% on a real terms per person basis since 2015/16 and despite the commitment to maintain it in the 2021 Spending Review it was still lower in real terms in 2022/23 (Finch, 2023). We want to see the public health grant restored to at least 2015 levels to rebalance the resources for prevention.

Workforce

There has been loss of key parts of the workforce such as health visitors, school nurses and youth workers. NHS England figures demonstrate a 33% reduction in the number of school nurses between 2009 and 2022 (NHS England, 2023), data shows that the number of health visitors has decreased by almost 40% since 2015 (Institute of Health Visiting, 2023) and research has highlighted that 4500 youth workers have been displaced in recent years (Tiley, 2021). These workforces play a crucial part in preventing problems, identifying needs and supporting young people and they must be strengthened and sufficiently funded to ensure that young people can access the vital preventative support they offer. Guidance must also be set by national government to provide clear direction to local areas on the importance of these workforces and how to facilitate greater collaboration and join up.

Measurement

There must also be consideration about how prevention will be measured. To ensure that prevention is a continued priority it must be embedded in policy with clear metrics in place to be able to clearly understand its impact.

Recommendations

To achieve its aim to prioritise prevention, the Health Plan should:

1 Ibid

- 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 Plan.
- Commit to expand Family Hubs and the Start for Life programme to provide a holistic offer of support to families.
- Deliver on the commitment to expand children and young people's mental health services to a 0-25 model which should include the increased provision of parent infant specialist teams.
- Commit to roll out Whole Education Approaches to mental health and wellbeing in all educational settings.
- Commit to the full national roll out of Mental Health Support Teams. This should include a review of the model to ensure it meets the needs of all children and young people, including those with neurodiversity, and how the model can be enhanced to provide additional support to those who need it.
- Expand the prevention workforce such as health visitors, school nurses and youth workers.

References

Abdinasir, K. (2019) Making the grade: How education shapes young people's mental health. London: Centre for Mental Health. Available from: https://www.centreformentalhealth.org.uk/publications/making-grade/

Finch, D. (2023) Public Health Grant: What it is and why greater investment is needed? Available from: https://www.health.org.uk/news-and-comment/charts-and-infographics/public-health-grant-what-it-is-and-why-greater-investment-is-needed [Accessed 19 April 2023]

Health and Social Care Select Committee (2021) Children and young people's mental health. Available from: https://committees.parliament.uk/publications/8153/documents/83622/default/

Hogg S. (2019) Rare Jewels: Specialised parent-infant relationship teams in the UK. Available from: https://parentinfantfoundation.org.uk/our-work/campaigning/rare-jewels/

Institute of Health Visiting (2023) State of Health Visiting, UK survey report. Available from: https://ihv.org.uk/wp-content/uploads/2023/01/State-of-Health-Visiting-Report-2022-FINAL-VERSION-13.01.23.pdf [Accessed 18 April 2023]

NCB (2024) Nurturing a sense of belonging at school: what helps pupils feel connected? Available from: https://www.ncb.org.uk/about-us/media-centre/news-opinion/nurturing-sense-belonging-school-what-helps-pupils-feel

NHS England (2023) NHS Workforce Statistics – December 2022 (Including selected provisional statistics for January 2023) https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/december-2022

O'Donnell, K. J., Glover, V., Barker, E. D., & O'Connor, T. G. (2014). The persisting effect of maternal mood in pregnancy on childhood psychopathology. Development and psychopathology, 26(2), 393-403.

Tiley, A. (2021) APPG published final report on youth work. London: APPG on Youth Affairs. Available from: http://www.youthappg.org.uk/appg-publishes-final-report-on-youth-work/ [Accessed 14 April 2023]

WHO (2014) Social determinants of mental health. Available from: https://www.who.int/publications/i/item/9789241506809#:~:text=A%20person%E2%80%99s%20mental%20health%20and%20many%20common%20mental,physical%20environments%20operating%20at%20different%20stages%20of%20life.

Q5. Please use this box to share specific policy ideas for change. Please include how you would prioritise these and what timeframe you would expect to see this delivered in, for example:

To support the implementation of the plan, the Government should:

Short-term

- Commit to continue to commission the NHS Digital survey on children and young people's mental health in order to understand need and to plan and commission services effectively.
- Commit to continue the Mental Health Investment Standard and consider how this translates for children and young people.
- Identify clear metrics through which prevention will be measured and commit to and refresh the Prevention Concordat for Better Mental Health and ensure there is a clear children and young people focus on this.
- Commit to long-term, sustainable funding for children's mental health in the upcoming Spending Review, which includes equitable funding for the VCSE.
- Commission a standing Children and Young People's Board to advise on health policy, and the Ten Year Plan in particular.
- Provide clearer commissioning guidelines and long term funding to Integrated Care Boards for children and young people's mental health, including specific reporting metrics on this area.

Medium-term

- Produce a cross departmental plan on children's mental health, to sit alongside the health plan, as a mechanism through which we can achieve parity of esteem. This should be linked to the Child Poverty Strategy and the National Youth Strategy.
- Address shortfalls in the workforce by committing to a workforce strategy for children and young people's mental health. This includes committing funding to growing the children and young people's workforce including school nurses, health visitors, youth workers as part of the public health grant.
- Restore the Public Health Grant to at least 2015 levels and allocate an equitable portion towards children and young people's mental health.
- Create a clear, national framework for implementation of the Health Plan 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.

- Produce a suicide and self-harm prevention action plan with focus on children and young people.
- Commit to the full national roll out of Mental Health Support Teams. This should include a review of the model to ensure it meets the needs of all children and young people, including those with neurodiversity, and how the model can be enhanced to provide additional support to those who need it.
- Expand Family Hubs and the Start for Life programme to provide a holistic offer of support to families.
- 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
- Build on, sustain and expand the early support hub model through the Young Futures Hubs programme.
- Expand the parent-carer peer support model in the NHS so that all families can access this support if they require it.
- Commit to embedding Whole Education Approaches to mental health and wellbeing in all education settings.

Long-term

- Create a national framework highlighting the digital offer in mental health care including what tools should be used for different purposes. This should ensure the digital offer is scalable, flexible and cost effective and is part of a blended offer of support.
- Ensure that there are strong community intensive treatment teams available for those who require alternatives to inpatient mental health services, including eating disorder provision.
- Develop 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.
- The NHS should deliver on its commitment to deliver a comprehensive 0-25 offer of support including specialised parent-infant relationship teams.