



Children & Young People's Mental Health Coalition

**Children and young
people's mental health:
the policy, the progress
made, the challenges**



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Introduction

This paper summarises the current policy relating to children and young people's mental health in England. The paper:

- makes reference to some of the more important policies
- highlights the progress made
- identifies some gaps and weaknesses in current policy in order to underline the current challenges.

The paper is selective in its discussion due to the large amount of Government policy on children and young people that exists, and which is being added to all the time.

Summary

The progress made

- investment in Child and Adolescent Mental Health Services
- mental health promotion driving policy
- initiatives including Social and Emotional Aspects of Learning, the Targeted Mental Health in Schools programme, and the Healthy Child Programme
- extended services and anti-bullying plans within schools
- statutory Personal, Social, Health and Economic Education
- recognition of the paramount importance of joined-up working
- increased focus on the early years
- the Think Family agenda.

The challenges:

- promoting mental health in the early years of a child's life
- stigma
- the lack of mental health promotion actually occurring at an individual, community and societal level despite the policy, and the ongoing need to develop emotional resilience in children and young people
- a lack of recognition at an individual, community and societal level of the link between physical health and mental health, for example, the links between nutrition and mental health, and obesity and mental health
- the training of the whole of the children's workforce
- early intervention
- the interface between Child and Adolescent Mental Health Services (CAMHS) and Early Intervention in Psychosis Teams
- the transition between CAMHS and other adult services
- reaching adulthood; supporting children's mental health as they become young adults
- specialist services operating in a silo and the quality of some specialist provision
- the mental health of children and young people whose voices are seldom heard
- poverty and health inequalities
- the necessity of more accurate needs assessments and joint commissioning by experienced commissioners, which includes commissioning community and voluntary sector providers
- a severe lack of funding for mental health promotion, insufficient funding for service provision and the short-term nature of funding for policy initiatives.

YOUNGMINDS are currently campaigning around:

1. reducing stigma
2. improving transitions
3. the implementation of a 'Healthy Young Minds' standard
4. training for the children's workforce.

A variety of third sector organisations have come together to form the Children and Young People's Mental Health Coalition to campaign on behalf of and with children and young people to effect change in policy and practice that will improve their mental health and well-being.

Zurich Community Trust has funded this initiative and the Mental Health Foundation is hosting the Coalition. Core members are Action for Children, Children England, Family Action, Mental Health Foundation, Mind, National Children's Bureau, Place2Be, Right Here, Rethink, The Prince's Trust, YoungMinds, Young Scotland in Mind, Youth Access and YouthNet.

Following its parliamentary launch in Spring 2010, the CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH COALITION will begin focused work around:

1. the early years
2. building emotional resilience
3. reaching adulthood
4. seldom heard voices.

The policy

Every Child Matters (ECM) (2003) envisioned a new approach to working with children – one that focused on improved joint working so that all children achieve five key outcomes, making mental health an explicit part of the agenda: “enjoying good physical and mental health and living a healthy lifestyle”. Agencies were required to work together through Children’s Trusts: a forum that bring together children’s services in local areas in order to conduct Joint Strategic Needs Assessment (JSNA), publish Children and Young People’s Plans (CYPPs) and commission services via pooled budgets. The Children’s Act (2004) underpinned these new duties and powers.

The National Service Framework for Children, Young People and Maternity Services (2004) contains eleven standards all of which contribute to mental wellbeing with standard nine setting the vision for mental health embracing both universal and specialist services, signalling strong commitment to the development of comprehensive Child and Adolescent Mental Health Services (CAMHS). In 2006, the progress report that followed this National Service Framework outlined areas for service providers and commissioners to focus on in order to achieve the vision of a comprehensive CAMHS.

Following the Comprehensive Spending Review (CSR) in 2007 the Treasury published *Public Service Agreement 12: To improve the health and wellbeing of children and young people* which is jointly owned by the Department of Health (DH) and the Department for Children, Schools and Families (DCSF). Indicator four of this PSA monitors “emotional health and wellbeing, and child and adolescent mental health services”.

The development of the National Indicator Set (NIS) also followed the CSR in 2007 enabling central Government to performance manage local Government. National indicators that relate to the emotional wellbeing of children and young people are:

NI 50 – the emotional health of children and young people

NI 51 – effectiveness of CAMHS

NI 58 – emotional and behavioural health of looked after children.

The Children’s Plan was launched in 2008 committing the Government to eradicating child poverty by 2020. Families are considered as partners with Government and there is an emphasis on personalisation and a holistic approach to the rights of the child. *The Children’s Plan* signalled a new role for the ‘21st century school’ as a vital community resource with increased accountability and a new duty to promote wellbeing. It also announced the national review of CAMHS.

The Think Family agenda (2008) aimed to extend the logic behind ECM to families, as a way of breaking the generational cycle of problems that can occur in excluded families.

The Foresight report, *Mental Capital and Wellbeing* (2008), advised Government that policies should promote the ‘flourishing’ of children, be flexible and emphasise:

- addressing the risk factors associated with mental disorders
- diagnosing early and treating promptly
- addressing important mediating factors including stigma
- targeting high risk groups including looked-after children and offenders.

Children and Young People in Mind: The Final Report of the National CAMHS Review (2008) aimed to effect important changes to CAMHS over the following three to five years and made 20 recommendations. It highlighted the role of all universal services including schools, midwives, health visitors, the police, teachers and many others in promoting the mental health and emotional wellbeing of children and young people and gave many examples of good practice. In response the Government immediately implemented two of its recommendations by creating the National Advisory Council (NAC) to hold the Government to account for its progress in meeting *The CAMHS Review* recommendations and the National CAMHS Support Service (NCSS) to improve and sustain service delivery.

In April 2009 the child health strategy, *Healthy Children, Brighter Futures*, was published which aimed to provide parents with details of the types of services that children and their families can expect to receive in relation to child health.

New Horizons (2009) presented mental health as being 'everyone's business' requiring all Government departments to work together to prevent mental ill-health and build resilience in the population. It made specific reference to the need to improve the transition from adolescence to adulthood, other child-focused initiatives, and puts a clear focus on prevention which includes improving the mental health of children.

Keeping Children and Young People in Mind: The Government's full response to the independent review of CAMHS (2010) indicated its recognition of the business case for investing in children's mental health early on and laid out the Government's existing commitments to the mental health and emotional wellbeing of children and young people in one document. This includes the requirements on Children's Trust Boards to ensure clear arrangements are in place for early intervention (identifying and supporting vulnerable children) in each area through their CYPP. Children's Trust guidance is currently being updated following the changes resulting from the Apprenticeships, Skills, Children and Learning Act 2009 (ASCL Act).

2010 has also seen new relevant guidance including *Promoting the emotional health of children and young people: Guidance for Children's Trusts partnerships, including how to deliver NI50* aiming at helping Children's Trusts develop a strategic approach to emotional health promotion. *Commissioning early intervention support services: Guidance for commissioners* was also published for local authorities and primary care trusts to guide them in monitoring their progress in developing early intervention services, bringing together good practice and other guidance.

In March 2010 the NAC published *One Year On*, its first report on the Government's progress at implementing the recommendations of *The CAMHS Review* and the Government launched its new public mental health strategy, aimed at improving the mental health of the whole population.

The progress made

Investment in CAMHS

The main emerging themes of these policies include building resilience, wellbeing, early intervention across the age range, families and joined-up working. The overarching framework and the investment made in CAMHS have been generally welcomed with increased professional staff, some evidence of lower waiting times and increased age-appropriate care for children under 16. However, progress is slower for 16 and 17 year olds, despite the requirement under PSA 12 for the provision of appropriate accommodation and support for this age group. In general, statistics show that under-18s are now spending more time in psychiatric hospitals with under-18s spending a total of 84,501 days on mental health wards in the first half of 2009/10. This statistic does not of course indicate how many children and young people are on mental health wards or for how long.

Implementing a 'comprehensive CAMHS' is a challenge and to achieve such vast change will take time. There are examples of high quality service-provision but many areas of CAMHS provision remain patchy and a whole system fully comprehensive CAMHS remains an aspiration at this stage. There is little evidence of a robust four-tier model of CAMHS actually being present 'on the ground' with specialist CAMHS unable to meet all of the need. The local authority environment is sometimes inimical to therapeutic working and some evidence suggests that young people find voluntary organisations more helpful than statutory services. But, there will always be a need for statutory services and a mixture of specialist provision so it is essential that voluntary and statutory services work in partnership to engage children and young people and to provide appropriate services.

Mental health promotion driving policy

The increased focus on mental health promotion in *New Horizons* has been well-received although it is largely adult focused and there may be a risk that child and adolescent mental health will get lost in this bigger agenda. It references universal initiatives such as Social and Emotional Aspects of Learning (SEAL), the Targeted Mental Health in Schools (TaMHS) and the Healthy Child Programme (HCP) which have helped put mental health promotion on the agenda but again the vision outlined in *New Horizons* seems aspirational since there is little investment in mental health promotion and future public spending cuts are inevitable. Funding for TaMHS comes to an end in 2011 and the Government has yet to commit to future funding for this programme. *The Children's Plan Two Years On* report advised that SEAL is now available in almost all primary schools and that its take up in secondary schools has doubled from July 2008 to 60%. SEAL has yet to be fully evaluated and it remains a voluntary programme. There is also some evidence that its implementation varies from school to school.

Some 93% of schools now offer extended services such as physical and recreational activities, parenting support and adult learning opportunities and schools are required to have anti-bullying plans. The Government have issued guidance on how to prevent various types of bullying. However, cyber-bullying and bullying on school transport remain two particular areas of concern; 2009's anti-bullying week focused on cyber-bullying and the lack of anti-bullying policies for school transport have been highlighted by the charity, 4Children.

Personal, Social, Health and Economic (PSHE) education will become statutory in September 2011 for 5 to 19 year olds. This will include parenting lessons and sex and relationships education although parents can withdraw their children from the latter up to age 15.

Joined-up working

There is recognition of the importance of joined-up working within policy and through the development of Children's Trusts but arguably, a robust joining-up mechanism is lacking, one difficulty being that Children's Trusts are 'virtual' organisations. Barriers between health and social care remain and perceived administrative burdens, such as lengthy recording of various information (some of which may involve duplication), are a real cause for concern to front-line staff. The new statutory guidance on Children's Trusts, to be published shortly, seeks to address these issues and more.

Increased focus on the early years

The Government is beginning to recognise the importance of the early years on future wellbeing with the development of children's centres and free early childcare but recent evidence from the National Audit Office (NAO) suggests that children's centres are failing hard-to-reach groups. Many initiatives within the centres are short-lived although the Early Years Foundation Stage introduced in September 2008 sets standards for a child's development, learning and care up to age 5. This involves assessments which are based on practitioners' observations of children. The pressure to meet Government targets around early learning goals and the time required to record information on children's progress may take attention away from direct contact time with children, although the Government has a project underway which is looking at measuring outcomes.

The Think Family Agenda

The Think Family agenda is a welcome recognition of the importance of seeing the child within the context of his or her wider family network and *Support for all; the Families and Relationships Green Paper* (2010) proposes some new initiatives to further support families, including engaging with fathers, and booklets giving information and advice. The Government is also consulting on whether a comprehensive advice service on family issues (an online service with a single phone number) would make it easier for families to get the help they need. This may be a way of supporting families that are worried about a child or young person with a mental health issue. However, with Parent Know-How (a parental information and support service) being renamed Family Information Direct, the new Family Information Service and the proposed comprehensive advice service, families may feel confused about the correct place to go for support. Evidence also suggests that twelve-hour telephone helplines is the least preferred option for new mothers to contact a health visitor.

More experiential support, as well as the provision of leaflets with basic advice, may benefit families more. This would involve helping families and their children to apply the information given to them. It is possible for effective initiatives to be implemented that will support parents, possibly in the form of non-judgemental parenting support that is easily accessible. This could be an extended role for Family Liaison Workers that work through school clusters, extended schools and children's centres, aiming to support families and link them in to their child's school.

The challenges

Promoting mental health in the early years

There is a need for increased focus and commitment around perinatal and infant mental health, despite the recent attention given to the early years. Pregnancy is a crucial time for beginning healthy child development and it is essential that the mother is healthy, both physically and mentally, with easy access to support and care if needed. This is addressed in the updated Healthy Child Programme (HCP) but child and adult health professionals, especially midwives and health visitors, need to be far more aware of the indicators of parental mental ill-health so that monitoring, support and interventions can be put in place immediately for the benefit of both mother and child. In 2005 the Royal College of Psychiatrists found that less than half of mental health trusts have specialist mental health services for this client group and few provide all of the necessary services; there appears to be little change since then. This postcode lottery and the indication that some PCTs and Trusts do not seem to consider perinatal and infant mental health as being important is very worrying, especially when the lack of perinatal services means that new mothers with mental ill-health can be admitted to adult psychiatric wards without their child, impacting on both maternal and infant mental health. There is a need for better assessment and joint working between mental health services and maternity services to ensure maternal and infant health is fully supported. There is some National Institute of Clinical Excellence (NICE) guidance on this area and the HCP is also concerned with integrated services but despite this policy and guidance, it lacks implementation 'on the ground'.

The Government has recognised the need to support new parents and following the review of the role of health visitors the HCP was strengthened with a focus on the application of new information about neurological development and child development. Health visitors lead the HCP but the CAMHS review highlights their need for more knowledge around mental health and child development and there is a lack of specialist support available for them.

Evidence shows that training health visitors to assess women, identify symptoms of postnatal depression, and deliver psychologically informed sessions is clinically effective at six and twelve months postnatally compared with usual care. Postnatal depression is linked with infant mental ill-health, therefore effective interventions that help maternal mental health can positively impact on the child. Clinical trials also show that health visitors trained in motivational interviewing (MI) techniques have resulted in improved rates of health behaviour change in parents, so that the child can benefit from healthy lifestyle changes undertaken by parents, for example, more nutritious meals, given the impact nutrition can have on brain development and behaviour. Also, it is argued that children model their parents' behaviour and so those children with health conscious parents are more likely to develop ways of maintaining their own health, including their mental health. As a result, there is an argument that all health visitors should receive training in MI techniques as well as training in mental health awareness and some forms of psychological therapies.

A 2008 report from netmums, a unique local network for parents, found that postnatal depression has increased in recent years, health visitors' caseloads are considerably over recommended levels, that the universal service described in the HCP is significantly lacking, child development checks have been reduced and opportunities for early identification of problems diminished. There is also anecdotal evidence that visits from health visitors have been stigmatised because of the links with safeguarding. The Centre for Social Justice has called for an expansion and enhancement of health visiting in order to better support families.

The Community and Voluntary Sector (CVS) is recognised as implementing a range of innovative and cost-effective interventions with parents-to-be and new parents, such as Family Action's perinatal peer support project 'Newpin'. The project aims to promote parents' mental health, a healthy attachment between baby and mother and encourages parents to become part of a peer support network. There is scope for the development of such cost-effective programmes in every local authority and the National Academy for Parenting Practitioners (NAPP), which conducts research and provides training and knowledge to parenting practitioners, has helped support such programmes. However, the NAPP is closing and responsibility for supporting the parenting workforce will be transferred to the Children's Workforce Development Council (CWDC) in March 2010. It remains to be seen how the current work of the NAPP will continue.

Stigma

YoungMinds has called for a new high-profile anti-stigma campaign fronted by young people and backed by the Government. Some may argue that the incoming government will not be able to afford such a campaign; on the contrary one can argue that the Government cannot afford the long-term economic consequences of not reducing stigma and discrimination. Whilst children, young people and adults continue to live in a society where there is stigma and discrimination around mental health, they are less likely to identify, manage and seek support for their mental ill-health, the consequence often being that people enter the mental health system at the more specialist end, as opportunities for early intervention and the promotion of positive mental health are lost. Specialist services, such as in-patient wards, are very expensive and people may need to use such services longer as problems may have become entrenched, following a lack of early support and intervention. Stigma still remains a real cause for concern, with the Government's SHIFT anti-stigma campaign having a relatively narrow remit whilst the voluntary-sector's Time to Change campaign focuses primarily on adults and is reliant on Big Lottery and Comic Relief funding that runs out in 2011/2012.

Evidence suggests that teenagers hold the most stigmatised views around mental health and that experiential approaches are most effective in reducing stigma. There is limited evidence to support the effectiveness of media campaigns alone. As attitudes around mental health are picked up by children at an early age there is a strong argument that reducing stigma by focusing on mental health promotion in the early years could help shift future generations' perception of mental health and encourage a new era where people talk about their emotional health as they do their physical health. One possibility that incorporates both a focus on the early years and an experiential approach is mental health service-users coming into schools to help educate children, films and peer-support work. Anti-stigma work would need to involve parents as evidence suggests that stigma around mental health is picked up by children from their parents and that all adults, such as teachers, should model behaviours related to attitudes about mental health.

Building emotional resilience

Despite the policy, there is a lack of mental health promotion actually occurring at an individual, community and societal level and it is therefore critical that initiatives seeking to address this are implemented in the most appropriate ways. For example, statutory PSHE education is a welcome development but the teaching of PSHE education must be of a high-quality. At present PSHE education is not taught by specialist PSHE teachers and no minimum requirement of teaching time is stated. Yet it is a challenging subject to teach and like most challenging subjects, requires teachers to be specifically trained and for children to have regular lessons. There is also a need for emotional health to form a stronger part of the PSHE curriculum, which is currently being refreshed by the Qualifications and Curriculum Authority (QCA). These ideas are discussed in the *Good Childhood Inquiry*.

Although emotional health is part of the PSHE curriculum, there could be a far higher and more regular focus on emotional health and 'psychological exercise' which could have the potential to enable students to become more aware of their emotions and their own unique ways of experiencing, expressing and managing them. This focus on individual emotional self-awareness and psychological exercise recognises the different ways in which people cope with their feelings and is more likely to be successful within schools that have emotional and mental wellbeing embedded in their whole school culture. This is not to detract from the paramount role that families play in children and young people's mental health; it is more of an augmentation. There could be scope to engage parents around this issue to heighten the importance of regular emotional awareness and 'exercise'; perhaps school could develop a weekly 'psychological offer' as is the case for physical education.

The teaching materials produced for SEAL could be used within PSHE lessons and would complement the whole school approach of SEAL. The Young Foundation with the Improvement and Development Agency (IDeA) are currently arguing that wellbeing initiatives that teach resilience to school children should be a top priority in the recession, following successful UK Penn Resilience programme pilots in twenty two schools. Wellington College has been the first school in the UK to formally introduce wellbeing into their curriculum. Mindfulness pilots are currently being held in a number of schools across the country.



Such initiatives may be desirable when arguably, some children have less opportunity to experience positive risk taking in today's society and to consequently develop resilience skills naturally, as children's exposure to the outside world is perhaps more limited than it once was. Ironically, it could be said that the desire to protect children from outside dangers has actually made some children more vulnerable to certain risks as they may have been denied opportunities to develop such skills.

The link between physical health and mental health

Despite the focus that schools place on health, the role that nutrition and exercise play in mental health is not made explicit to the general public, including to children and young people. Yet research has indicated that nutrition plays a crucial role in the development of a child's brain and nervous system. There is research showing a reduction in anti-social behaviour by young offenders when fatty acids and multivitamins are introduced to their diet and, hyperactivity and learning problems have also been linked to food additives and acids found in some foods. Sustain: the alliance for better food and farming, along with the Mental Health Foundation, have reported on the role of diet in relation to the prevention and treatment of specific mental health problems, advocating that individuals become more aware of the link between diet and mental health and for policy-makers to incorporate the evidence into health and education guidelines.

Efforts to tackle obesity through exercise and diet do not make reference to the psychological factors that contribute to the obesity epidemic. For long-term reduction in obesity levels Government and local services need to recognise and understand the psychological dimension to obesity and behaviour change.

The children's workforce

The children's workforce plays a crucial role in helping to promote mental wellbeing and identify problems as soon as possible for early intervention initiatives to be successful. All universal services have a role to play, especially schools, although mental health promotion work in schools varies between regions and some schools see their role in fairly narrow terms with some tensions between improving educational standards and focusing on mental wellbeing. At present most of the children's workforce do not receive training around child emotional development although *The CAMHS Review* and the *2020 Children and Young People's Workforce Strategy* has highlighted the need for this. The National CAMHS Support Service has recently updated its CD-ROM training package around mental health awareness (which includes modules on mental health promotion and perinatal and infant mental health) but YoungMinds and others are calling for initial and continuing training for the whole children's workforce in child and adolescent development and mental health. Considering the negative experiences that some emotionally distressed children and young people have had of general hospital staff, any member of staff likely to come into contact with people with mental ill-health, such as hospital and GP receptionists, should receive mental health awareness training.

Early Intervention

If early intervention does occur it is often too late in the cycle between minor symptoms occurring and severe and long-term problems becoming entrenched. Studies show that GPs routinely fail to recognise signs of mental ill-health and there needs to be a far greater focus on identifying issues as they emerge across a variety of settings and intervening before issues become more serious. There are opportunities for youth workers to help in identifying issues early but youth service provision varies and is already being affected by funding cuts. Better family, individual and specialist support in schools is also needed to provide the key link between child and home.

The introduction of CAMHS consultation services for staff in schools and other universal settings can empower the children's workforce to help children themselves and brings the additional bonus of reducing unnecessary referrals to secondary care. Although there are tools such as the Common Assessment Framework (CAF) and the Strengths and Difficulties Questionnaire (SDQ), amongst others, which can help identify emotional problems, there is not a standard psychological tool used in England to regularly monitor children's wellbeing. Standard and regular emotional and behavioural assessments carried out by GPs or school nurses in conjunction with the child or young person, involving a degree of self-assessment to encourage self-awareness, could help the process of identifying problems early on so that interventions

can be put in place. Some may argue that standardised assessments increase the stigma associated with mental ill-health but such assessments also have the scope to reduce stigma over time by encouraging children, young people and adults to consider regular emotional check-ups and emotional 'maintenance' as normal.

More evaluations should be undertaken of innovative primary care services such as community based teams that act as a single point of referral for specialist CAMHS, as well as a primary mental health services for children and young people. These teams may signpost to appropriate services in the community or provide early and short-term interventions for those who do not meet the threshold for specialist CAMHS. There are some examples of successful primary mental health services for children and young people, such as the Saucepans project in Southampton, but there must be secondary services available should more specialist support be needed. A stepped care approach is required so that there is a decrease in inappropriate secondary CAMHS referrals which can help specialist CAMHS better use their capacity to meet the demand for services.

The interface between CAMHS and Early Intervention in Psychosis Teams

There remain significant problems with the interface between CAMHS and early intervention in psychosis teams including:

- a) variations in service arrangements and lack of clarity as to who is responsible for what;
- b) an adult focus in many early intervention teams which means CAMHS are reluctant to refer young people to them even though they are meant to work with 14 year olds and above;
- c) problems with what to do with young people who may have used up the time allowed in an early intervention team (they work in a time limited way) and yet are too young for adult services once their treatment in early intervention is complete. Some areas also struggle around where to admit young people with psychosis if the early intervention services do not have links with CAMHS Tier four. This could potentially become more of an issue with the changes to the Mental Health Act around age-appropriate requirements (effective April 2010).

In addition there is an emerging view that older children are not being seen within the context of their family when doing so could help promote the protective factors that families can offer in some circumstances, and allow for better understanding of some of the issues the young person may be experiencing. Arguably, this could be developed as part of the Think Family agenda although older children must retain their right for their families not to be involved. The legal implications of this would need to be carefully considered.

The transition between CAMHS and other adult services

Through its practice visits *The CAMHS Review* realised that transition is the biggest area of concern for children and young people, their families and service providers. The Government has indicated its commitment to disseminating good practice in this area in the recent *New Horizons* paper and YoungMinds are calling for financial priority to be given to the 16-25 year old age group. The Mental Health Foundation's 'Listenup!' project and its more recent 'Right Here' initiative, piloting in four multi-agency sites in England and Northern Ireland for 16-25 year olds, is aiming to develop partnership working between the public and voluntary services to ease the transition to adulthood for young adults. The development of a 'virtual' youth mental health service has been suggested as an option but this is controversial. Some argue that a youth mental health service would create two age-related interfaces (at 16-18 and then again at 25) that could actually worsen the transition problem. A counter-argument is that 18 years of age is an arbitrary point based on the convenience of aligning service provision with other legal boundaries, such as the legal age to vote. Instead, services should be flexible as young people adjust to adulthood, not simply when they happen to turn 16,17 or 18.



Reaching adulthood

There is also a gap in provision for young adults with very little policy focusing purely on 19-25 year old young adults. This is acknowledged as a high-risk time for the development and worsening of certain mental health problems. Some young adults will have left university and may be struggling with student debt whilst attempting to find housing and permanent work. Young adults who go straight into the world of work may undergo a steep learning curve and besides the provision of the voluntary sector, there are few services dedicated specifically to supporting this age group and helping them address any emotional and mental health problems they may experience. It seems that this can depend on the diagnosis given, with young people diagnosed with psychosis more likely to receive a service than those with emerging personality disorder and Attention Deficit Hyperactivity Disorder (ADHD). Young people under 25 years also have lower welfare benefit entitlements than adults over 25 years and living on low benefit payments and the associated stresses of financial management and debt may have a detrimental effect on their mental health.

Specialist services

Specialist services can operate in a silo to wider children's services and there is an argument that CAMHS need to be based more in community settings. The quality of specialist CAMHS can be variable and many children with mental health concerns do not always meet the threshold for access to services. Many inspections of CAMHS include self-assessment and membership of quality improvement initiatives is optional. As a result, YoungMinds are calling for a Quality Assurance Mark that all CAMHS should adhere to. Schools and other universal services often say they require more input from CAMHS than CAMHS are able to provide, due in part to the difference in the levels of need prioritised by the two services. It is essential that schools fulfil their duty to promote pupil wellbeing, including emotional wellbeing, and that specialist CAMHS are available if and when needed. Other issues include the different legal and policy frameworks of children's and adult services and significant waiting times. The Choice and Partnership Approach (CAPA) is one method that may be able to reduce waiting times.

The Community and Voluntary Sector (CVS) is the main provider of Youth Information Advice and Counselling Services (YIACS) but despite recognition in *The Children's Plan* of the importance of providing both academic and emotional support through Information Advice and Guidance (IAG) services, the new IAG strategy published by the Government in 2009 almost solely focuses on careers support, leaving the CVS to provide much of the information, advice and counselling services to young people.

Seldom heard voices

Black and African Caribbean communities are seen to be overrepresented in adult mental health services. *Breaking the Circles of Fear* (2002) found that fear can stop African Caribbean people engaging with services and that mainstream services are considered inhumane, unhelpful and inappropriate. As a result African Caribbean people can delay seeking help, which can result in some people entering the mental health system at the more 'draconian' end and with more severe and entrenched mental health problems.

The Delivering Race Equality in Mental Health Care (DRE) action plan in 2005 outlined various ways in which it hoped equality could be achieved and discrimination tackled, for all black and minority ethnic (BME) communities. Despite the efforts to improve services for the BME population evaluation and research has shown that the impact of some of the DRE initiatives are variable and some targets have clearly not been met. The 'Count Me In' Census in 2008 (which does not include under-18s) showed little change in the number of in-patients from BME communities and BME admission rates are not falling; in fact some groups are still three to four times more likely to be admitted.

The DRE programme has not focused enough on the needs of children from BME backgrounds and it is important to consider children from all minority ethnic backgrounds including Irish, travelling children, Bangladeshi children, asylum-seeking children and children with dual heritage. The DRE is now incorporated within the National Mental Health Development Unit's (NMHDU) Equalities Programme which brings together work on age, gender and race.

At the National Mental Health Equalities conference in Westminster, London on 24th February 2010 concerns were expressed that this streamlining approach may dilute the work around race and the Equalities Programme was criticised by some as not being fully inclusive of all diverse needs, for example, the needs of deaf people and those with learning disabilities and autism. A 2010 survey also indicates that two-thirds of parents with disabled children do not receive support for their children's emotional and mental health and 60% of those that did questioned its worth. Research also suggests that the mental health needs of Black Caribbean women are being overlooked. Research indicates that this ethnic group have significant levels of undetected and untreated perinatal depression which has significant implications on infant mental health and family life, especially as the Black Caribbean women studied were more likely to be lone parents, to be on benefits and to live in the most deprived city areas in comparison to their White British counterparts.

The Gender Equality and Women's Mental Health Programme has been developed following on from the Women's Mental Health Strategy, *Women's Mental Health: Into the Mainstream* (2002), and relevant implementation guidance. The Programme is due to publish a five year progress report shortly. However, there needs to be a greater recognition of the real and perceived pressures on girls and young women and how these can impact on emotional wellbeing. Pressures can be around physical appearance, sexual behaviour and material values and universal services need to support girls and young women with managing these pressures.

2010 has seen a review on the mental health of men and boys which recommends that ways should be found to support boys' educational performance as a consequence of the link between poor school experiences and poor mental health. The review also emphasises the profound need for a cultural shift allowing boys and men to explore a less restricted version of masculinity which would encourage them to express their emotional needs.

In 2009 the National Society for the Prevention of Cruelty to Children (NSPCC) reported that Childline now receives one in three calls from boys compared with only 25% five years ago. Bullying is cited as the top problem but with many calls also relating to physical and sexual abuse. These findings suggest that much more work is needed to protect and support boys' mental health and there is scope to look in more detail at specific gender differences in children and young people so that boys and girls can be best supported around their emotional health.

There is also a need for more explicit policy around the mental health needs of Lesbian, Gay, Bisexual and Transgender (LGBT) young people as whilst *The CAMHS Review* identifies LGBT young people as a 'vulnerable group', *New Horizons* is less explicit about their needs. NMH DU may shortly begin focused work on the mental health needs of LGBT people. It is worth noting that Marmot's Review of Health Inequalities, *Fair Society, Healthy Lives* (2010), has been criticised by some for barely mentioning gender issues despite the Government's introduction of a gender equality duty which necessitates that gender inequalities are considered in policy development and service delivery.

Although specific mental health policy relating to children and young people tends to reference the needs of 'vulnerable groups' there needs to be a specific focus on the commissioning of comprehensive CAMHS for children and young people with diverse backgrounds and needs. This should include carrying out accurate and representative needs assessments and commissioning appropriate services which are thoroughly evaluated in order to evidence that the emotional needs of diverse groups of children and young people are being met.

Poverty and health inequalities

The target to halve child poverty by 2010, although welcome, has been missed with warnings that the Government may miss the 2020 target. New research from Save the Children indicates that 'severe poverty' has increased with the number of children in severe poverty rising from 1.46 million in 2004/5 to 1.7 million in 2008, concluding that 13% of the UK's children were in severe poverty in this year. More work will be needed to support families on a low income, and a recognition that mental ill-health is both a cause and consequence of poverty and deprivation. This is expounded in Marmot's Review with its focus on children and early intervention. *New Horizons* commits the Government to tackling inequalities and

emphasises that ethnicity, as it relates to mental health concerns, can not be dealt with in isolation.

Needs assessments and joint commissioning

The CAMHS Review noted how joint commissioning for families and mental health is significantly underdeveloped and emphasised the need fully to involve children, young people and families in needs assessment and service design. One of the largest challenges is ensuring that commissioners have the time, skills and experiences to work with a variety of stakeholders to address the full spectrum of need. Adult commissioners must also be involved for the development of truly family-centred services.

As the 'Listenup!' project discovered, young people are calling for more co-located services and these are often provided best by the Community and Voluntary Sector (CVS). *The CAMHS Review* barely references the CVS although *New Horizons* recognises its contribution somewhat more.

The CVS come within the scope of 'comprehensive' CAMHS but in reality they have little real involvement in influencing the commissioning process or service design (they are not 'relevant partners' in Children's Trusts) and there is a risk that funding for CVS services may decrease since the Secretary of State for Health recently announced that the NHS will be the provider of choice, though this appears to run counter to Government policy that promotes a 'mixed economy of care' approach in involving the statutory, independent and voluntary sector. As a result PCTs may feel obliged to limit their pool of potential bidders to NHS organisations only. When the CVS are awarded statutory contracts their use of independent and innovative solutions are often stifled. Contracts are also being continually retendered before charities have time to establish themselves, foster good practice and learn from teething problems. There is often considerable disruption and impact to service users' lives when a new organisation with new staff takes over a service following retendering. This often results in service-users being handed over from their previous worker to a new worker in a different service environment which is under different contract terms and practices. Switching workers can be a stressful time for service-users who have built up a trusting relationship with a member of staff and unless managed and planned in an appropriate way, change can be hard for some people to handle.

Funding

Funding in general, whether for the CVS or new policy initiatives, tends to be short term or project based and those organisations and individuals that responded to *The CAMHS Review* have called for further advice around pooling resources and aligning budgets. *New Horizons* rightly champions mental health promotion, prevention and early intervention but implementing this vision will be an ever increasing challenge in the current economic climate. There is a crucial role for commissioners, especially PCTs, in commissioning evidence-based, cost-effective services, while decommissioning services that do not have proven beneficial outcomes. Evidence is emerging that local authorities are already suffering from funding cuts and that this is likely to continue. Cutting services, such as youth service provision, is likely to prevent the sustainability of some of the progress already made by such provision; for example, the progress made in some local areas around decreasing anti-social behaviour and youth crime. The short and long-term consequences of funding cuts remain to be seen but are very likely to impact on the psychological wellbeing of children and young people.

With the pressing need to find efficiency savings in current service provision fruitful suggestions may come from asking front-line workers where the inefficiencies are, where they would reinvest money should they have the chance, as well as asking service-users what services/projects they find least useful. Services can be improved through the management philosophy of Continuous Quality Improvement (CQI) which seeks to improve process through reflective practice.

Final word

While much Government policy around children and young people is properly aspirational, turning these aspirations into a reality on the ground remains the key challenge to improving services and support for children and young people; the implementation process is critical. Much of the vision expounded in policy will not be realised without consistent and long-term funding, and the total commitment of a range of services that may not traditionally see mental health as their business. There is a need for better leadership, management and commissioning and to make the most of existing resources it is absolutely crucial that services find effective ways of working together.

There is a gap in the logic about empowering individuals, families and communities to get better at looking after their mental health. Many people have the experience of interventions being done 'to' or 'for' them but the solution lies in giving people the knowledge, skills and resources to do things for themselves. Helping children foster knowledge, self-awareness and personal, social and emotional skills can empower them to take increasing responsibility for their emotional health as they become adults and is likely to have the most significant and long-term impact on the mental health and emotional wellbeing of the next generation and generations to come.

An increased demand for mental health services has been reported by 31% of local authorities since the beginning of the economic downturn and this is likely to increase further. A recent report from the Prince's Trust states that 32% of unemployed young people describe themselves as depressed most of the time. Without significant investment, clear implementation plans, an aware workforce and a culture where people feel more able to freely talk about their mental health, children and young people will continue to be at risk of developing mental health problems in generations to come, and of receiving less than optimum care when they do.

The Children and Young People's Mental Health Coalition seeks to effect policy change which will enable these challenges to be widely acknowledged and overcome by central and local Government, local services and by communities themselves. Mental health is, after all, everybody's business.

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Children & Young People's Mental Health Coalition

The Children and Young People's Mental Health Coalition brings together leading children and young people and mental health charities to campaign with and on behalf of children and young people in relation to their mental health and well being. With a unified voice, the Coalition aims to achieve policy changes at the highest level that will directly improve the mental health and well being of children and young people across the UK. This is necessary because at any one time, one in ten children and young people have a diagnosed mental health problem and it is now well established that the antecedents of most adolescent and adult mental illness are in childhood. Addressing issues early will ensure better outcomes for individuals and for society.

Coalition core members:



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