



Children & Young People's Mental Health Coalition

A Manifesto to Improve Children and Young People's Mental Health

What we are calling for:

Children and young people's mental health and wellbeing is the most important issue of our time. Any Government who truly aspires to a healthy and health creating society must acknowledge in policy and practice that the key enabler to this end is good children and young people's mental health.

There is greater awareness than ever before of children and young people's mental health and wellbeing, but we know that many children and young people are still finding it difficult to access mental health support when they need it.

We want all Parties to make a strong commitment to children and young people by focusing in their manifestos on how they will improve their mental health and wellbeing.

Summary of Key Asks

We are calling on all political parties to commit to:

- **Increase investment and resourcing**, including the workforce, for the whole children and young people's (0-25) mental health system - health, education, social care, public health, voluntary & community sector, youth sector, justice.
- **Ensure parity of esteem** between mental health and physical health. Within this we need parity between children and young people and adults on issues such as funding, service delivery and data with utility.
- **Listen to the needs of children, young people and families.**
- **Invest in preventative approaches** for children and parents to help give children the best start in life, and reduce need for specialist mental health support later in childhood or adulthood.
- **Invest in support for young adults aged 16-25**, who require support in the transition to adult mental health services, and into adulthood generally.
- **Reduce inequalities in mental health support**, and ensure every area implements an integrated system that provides culturally sensitive support for the mental health and wellbeing of **all** children and young people from 0-25 and their families, including those from more vulnerable groups such as learning disabilities, neurodevelopmental disorders, acquired brain injury, conduct disorders, those with speech, language and

communication needs, young carers, children and young people whose parents have mental health problems.

- **Continue to tackle stigma** and fund initiatives such as *Time to Change*.
- **Continue to invest in data collection methods** with the aim of making data on prevalence rates, service level data, funding data and so on current and transparent. *Ensure that support for children and young people's mental health is needs based and is informed by current data.*
- **Continue to invest in research** across the whole spectrum of children and young people's mental health and wellbeing, and factors affecting it, but with a particular focus on prevention.

Increase investment and resources for the whole children and young people's mental health system

There has been an additional £1.28 billion allocated for mental health across the life course between 2016/17 - 2020/21. It is essential that the next Government fulfils this commitment. As a minimum we also want to see this level of additional funding for mental health continue to increase. For the two years up to 2022/23 we want to see a further £500m added each year to the baseline over and above the £1.28 billion already allocated. So by 2022/23 there will be an extra £2.28 billion for mental health support for both children and young people's and adult mental health.

Adult mental health problems (excluding dementia) often have their roots in childhood. About 50% of adult mental health problems start by age 14 and 75% by age 24.¹ However, the children and young people's mental health system has been historically under resourced. Whilst we have seen a welcome increase in investment, it started from a very low base. Pressure on budgets across the whole system has resulted in cuts to early intervention support, which has put more pressure on specialist mental health services.

We want to see clear parity between mental health and physical health; but we also want to see parity between children and young people's mental health, and adult mental health.

*We would argue that there should be more investment in the whole system around children and young people's mental health. This system should address the needs of all children and young people and their families, including infants and children under 5, those 16-25, and those with learning disabilities, neurodevelopmental disorders, conduct disorders and speech, language and communication needs. We would want to see easy access to the whole spectrum of support, including access to e-mental health. (By system we mean the full spectrum of services and support outlined in reports such as *Future in Mind*.²)*

¹ Davies, S. (2013) *Annual Report of the Chief Medical Officer 2012: our children deserve better*. London: Department of Health.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/255237/2901304_CMO_complete_low_res_accessible.pdf

² *Future in Mind* - <https://www.gov.uk/government/publications/improving-mental-health-services-for-young-people>

There are real concerns about whether these new funds are reaching frontline services. It is a mixed picture, but we have evidence that not all CCGs are using their funding appropriately. The Royal College of Psychiatrists have found that 25 of the CCGs in England have planned to spend less than £25 per head on children and young people's mental health services.³ NHS England is bringing in greater transparency around mental health funding, and we want to see that continue and strengthened to ensure that the additional money for children and young people's mental health is spent as intended.

As well as additional funding, we also need to ensure that services are operating as efficiently as they can. A properly integrated system in which agencies work together with and in the best interests of children and young people can make a big difference in terms of ensuring efficiency and therefore costs.

Continue to Develop the Workforce

Developing the workforce is fundamental to supporting children and young people's mental health and wellbeing.

It is essential that new workforce roles such as nursing associates and social care associates are seen as being part of the children and young people's workforce, as well as being part of the adult workforce. We need to ensure that children and young people have access to the range of specialist services they need to recognise and support children and young people's mental health.

Encouraging cross disciplinary and cross agency training around children and young people's mental health can help to train up the workforce, but it can also support integrated working.

This would be organised at local level, but would require support from national Government to encourage local agencies to prioritise this and enable staff to attend joint training around children and young people's mental health. The MindEd eLearning portal can help support this as they have produced useful training resources. So there are existing resources and initiatives that can be built on.

Educational Settings

Staff in educational settings have a crucial role in providing low-level emotional support and appropriate signposting to targeted support.

We would want to see children and young people's mental health and child development integrated within initial and ongoing teacher training. Educational settings also need to be properly funded to enable them to support both pupils' and staff's mental health and wellbeing. There needs to be easy access to targeted

³ Royal College of Psychiatrists (2017)

<http://www.rcpsych.ac.uk/usefulresources/camhsspendinginyourregion.aspx>

support, both in the school/college/university and in the community, so they have appropriate services to refer on to.⁴

Children and young people will be the parents and the workforce of the future. We need to ensure that they are healthy - both physically and mentally and have the skills needed for the workplace and to help them meet their full potential. Part of this involves being emotionally literate. With the right support educational settings are in a good position to teach their pupils about mental health, so they can identify emerging problems in themselves, or family or friends, and know how or who can help. We should not be in a position where young people first learn about mental health problems when they have emerging problems or are in crisis.

Many schools already work with local services, or fund their own mental health support such as counsellors. The Welsh Government's latest Counselling for Children and Young People statistical report showed that 88% of children and young people did not need onward referral to most costly, specialist services after receiving counselling.

School nursing services are also key to promoting mental health and wellbeing within schools. We want to see an increase in school nurses services who can take on support of pupils' physical and mental health.

We want to see an integrated whole system approach, which includes educational settings as a key strategic partner, but also as a hub for providing services such as school based counselling. This needs to sit alongside the wider system of community based support.

For more information about our work on schools/colleges and mental health go to <http://www.cypmhc.org.uk/schools>

Importance of Prevention

Funding for children and young people's mental health needs to be used in the system to prevent problems, rather than only be focused on addressing those who have developed mental health problems.

Future in Mind and the Five Year Forward View for Mental Health set out a Blue Print for this whole system approach, and we want to see it properly implemented, and see preventative approaches properly funded and provided.

We know that about £17 billion per year is spent by the state on late interventions. This amounts to £287 per person. Impact of late interventions are important to consider as they cost lives, reduce quality of life, waste money, impact on the productivity and happiness of the population of the UK.

The Chief Medical Officer's Annual Report 2012 indicates that the total annual costs for children and young people aged 5-16 years with a mental disorder in England are estimated at £118 million for health, £67 million for social care and £1,390 million for education (it should be noted that the education costs are high because they are not limited to specialist mental health services, but includes costs associated with frontline education and special

⁴ Children and Young People's Mental Health Coalition (2017) 3 key principles to support children and young people's mental health in schools. <http://cypmhc.org.uk/resources/key-principles-improving-children-and-young-people%E2%80%99s-mental-health-schools-and-colleges>

education).⁵ All agencies incur costs related to mental health, and investing in preventative approaches, could bring savings to all agencies. Some schools for instance see how investing in mental health support helps their pupils to make the most of their education. However, ongoing pressures on their budgets make it difficult to them to invest in mental health and work in partnership with local children and young people's mental health services.

As well as the economic case, there is also the moral case for prevention. We want all children to get the best start in life, reach their full potential and not suffer the distress that mental health problems cause. We know that having mental health problems in childhood can result in poor outcomes in adulthood if left untreated. For instance, young people with mental health problems who are not given the right support are more likely to drop out of education by age 15, not be in education, employment or training, have lower earnings, be in contact with the justice system and have marital problems.

Health Visitors

Health visitors are an essential part of the early year's workforce and provide a universal service to all parents and babies. They are in a good position to identify problems such as postnatal depression and other perinatal mental health problems in the mother, attachment/bonding issues between parents and their child at an early stage and any signs of domestic abuse. Later they are well placed to identify issues around school readiness.

Picking up on these issues at an early stage is essential as they affect babies' brain development and ongoing emotional and mental health.⁶ We are concerned that cuts to public health budgets have reduced the number of health visitors and those coming into training. This is storing up problems, which early on, can remain invisible to others, but which can affect a child's and the next generation's mental health.

We want to see a commitment to a mandated universal health visiting service, and a continuation of high quality training programmes for health visitors that include perinatal and infant mental health as core elements.

We want to see a commitment to maintain public health budgets to fund universal health visitor services, and other public health issues.

Mental Health Support for 16-25s

The transition from children's to adult services is an issue across the whole of healthcare. Most mental health problems emerge by 14 years, and often the service is at its weakest when young people are most in need. This is an ongoing issue that needs to be effectively addressed and funded if we are to reduce mental health problems continuing into adulthood.

⁵ Davies, S. (2013) *Annual Report of the Chief Medical Officer 2012: our children deserve better*. London: Department of Health.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/255237/2901304_CMO_complete_low_res_accessible.pdf

⁶ 1001 Critical Days (2015) Building great Britons. <https://plct.files.wordpress.com/2012/11/building-great-britons-report-conception-to-age-2-feb-2015.pdf>

It is well established that the brain does not fully mature until about age 25,⁷ and so a young person may not be developmentally ready to move to adult mental health services at 18.

There are a few 0-25 service models which have been set up to address this issue. These services need to be evaluated to ensure that they are effective for all children and young people. This 0-25 model fits with other initiatives which extend services to age 25 - such as SEN services.

There are also well established voluntary sector services that cover this age group. Youth, Information, Advice and Counselling Services (YIACS) for instance, are available across the country and provide easy, community based access to a range of support under one roof. Future in Mind recommends that these one-stop-shops be a key part of the universal local offer and build on the existing network of YIACS.

We want to see a more flexible approach to transitions from children and young people's to adult mental health services, as recommended by Future in Mind. Funding is a key element within this and we want to see children and young people's and adult's mental health commissioners coming together to effectively address this issue.

Specialist Health Workforce

In addition to staff working in educational settings and health visitors, other specialist professionals have a crucial role to play in the early identification and support of needs that may affect children and young people's mental health, including learning disabilities, neurodevelopmental disorders, acquired brain injury, conduct disorders and speech, language and communication needs. This can include:

- supporting differential diagnosis
- preventing children and young people requiring specialist mental health support later in childhood or adulthood
- ensuring that when children and young people are referred to specialist mental health support they are able to access and benefit from both assessments and treatment programmes.
- training for the mental health workforce to understand how other needs may impact on children and young people's mental health and their ability to access assessments and treatment.

Parity of Esteem

Parity of esteem between mental health and physical health is important. Whilst enshrined in law, it still needs to be effectively implemented as mental health is still behind physical health in terms of funding and resources. Children and young people's mental health is the Cinderella of Cinderella services, and requires parity with adult mental health.

We want to see parity of esteem between mental health and physical health, and also between children's mental health and adult's mental health.

⁷ Blakemore, S-J. (2013) <https://www.edge.org/response-detail/23798>

Data and Research

We are awaiting the next prevalence survey of children and young people's mental health, which will be published next year. Currently we are using data from 2004⁸ to plan and commission services for children and young people's mental health. The current prevalence is 1 in 10 children and young people have a mental disorder, but that was 13 years ago, so the figure could be much higher now.

We would want to see a commitment from Government to commission a regular prevalence survey, which is at least every 6 years, and is in-line with the adult psychiatric morbidity survey.

Research is essential for informing practice around children and young people's mental health. We want greater priority given to research around mental health, especially around areas that would make a big difference to people's lives and this would include more funding for research around children and young people's mental health.

Children and Young People's Mental Health Coalition: Who are we?

The Children and Young People's Mental Health Coalition brings together over 100 organisations to campaign and influence policy, with and on behalf of children and young people in relation to their mental health and wellbeing.

We do not represent any particular organisation, approach, or professional group, but come together to provide a strong unified voice speaking out about children and young people's mental health.

Our Steering Group comprises of ACAMH, Action for Children, Anna Freud National Centre for Children & Families, Barnardo's, B-eat, British Association of Counselling & Psychotherapy, British Psychological Society, British Youth Council, Carers Trust, Centre for Mental Health, Charlie Waller Memorial Trust, Children's Society, Family Action, Mental Health First Aid, Mental Health Foundation, MindEd, NSPCC, Place2Be, Royal College of Paediatrics & Child Health, Rethink Mental Illness, Royal College of Nursing, Royal College of Psychiatrists, Royal College of Speech and Language Therapists, Tavistock Relations, The Mix, Winston's Wish, YoungMinds and Youth Access.

You can find more information on our website www.cypmhc.org.uk

⁸ Green, H., et al. (2005) *Mental health of children and young people in Great Britain 2004*. London: Palgrave.
<http://bit.ly/2iFZhGn>