

Summary of the issues and challenges that were highlighted at the Special Interest Meeting: Children and Young People's Mental Health

Accountability for spend on CAMHS

1. The £1.25 billion of funding committed by the government over five years (announced March 2015) equates to £250 million per year. £143 million was released in the first year, and of that £75 million was distributed to clinical commissioning groups to commit to front line services.¹ It is not clear how much of the £75 million released to CCGs has been spent on frontline services.
2. For 2016/17, £119 million of the £250 million total has been allocated to clinical commissioning groups, but this has been included in their total baseline allocation. The funding for children and young people's mental health has not been ring-fenced and so there is a risk that it will be spent on other priorities, such as those covered by national targets, like A&E waiting times or be used to plug budget deficits.²
3. Accountability for release of this money and for local decisions on how it is spent is critical. Spending decisions need to support delivery of the transformation agenda set out in Future in Mind. There should be good communication between health, education, the council and other partners to determine how money will be invested to support the transformation agenda in a local area, with decisions captured in Local Transformation Plans.

Shifting the focus to prevention

4. Future in Mind recognises that to achieve real change, a whole systems approach which focusses on prevention of mental ill health, early intervention and recovery is needed.
5. There is also evidence which makes both the moral and economic case for early intervention. Despite this, we know that as much as 80 per cent of all mental health care takes place in GP surgeries and hospitals.³ Mental health is still seen as a specialism, with organisations continuing to work in silos.
6. Local councils have a key contribution to make to the prevention and early intervention agenda through universal early years services such as health visiting, children's centres (which are seen as a good model for breaking down silos and bringing together a range of services including preventative mental health services), and Youth Information Advice & Counselling Services (YIACS). This work is essential to avoid over medicalising mental health and reducing stigma.

¹ Children and Young People's Mental Health: Time to Deliver, Emily Frith November 2016

² Children and Young People's Mental Health: Time to Deliver, Emily Frith November 2016

³ Closing the Gap: Priorities for Change in Mental Health Department of Health January 2014

7. In relation to YIACS, funding pressures on local authority budgets has seen a reduction in the number of drop in services for young people in local areas. The rise in the numbers of both routine and emergency presentations for CAMHS tiers 2/3 services has seen an average increase of 25 per cent in referrals since 2012. This is possibly due in part to the impact of regional and local cuts on community based and third sector services.⁴ There are still examples of good practice to be found; Birmingham and Croydon were two local areas highlighted.

A key role for schools

8. The current fragmentation of the school system is seen as potentially hindering progress with provision of high quality children mental health and wellbeing services in all schools.
9. Compared to schools maintained by local authorities, academies have greater freedom to commission a range of services according to their particular preferences and the nature of their pupils' needs. Consequently, local councils have very little control over the approach that individual academies take to this issue, and few levers through which to influence exactly what mental health support schools choose to commission for their pupils. This adds to the fragmented nature of commissioning responsibilities. Local areas need to be able to identify and understand what mental health and wellbeing support is available in all schools in their area.
10. In March, the government tabled amendments to the Children and Social Work Bill, to make it a requirement that all secondary schools in England teach relationships and sex education (RSE). *The amendments also allow the government to make regulations requiring personal, social, health and economic education (PSHE) to be taught in all schools in England - primary and secondary, maintained and academy - in future (timescales have not yet been confirmed).* There is an opportunity for local government to engage with DfE and provide a sector view on content for PHSE, including how it fits with a whole schools approach to mental health and wellbeing to help break stigma around this issue.
11. There is a growing body of evidence that indicates that emotional well-being is an important foundation for learning and educational achievement. Teachers are not currently equipped to reduce the stressors that can impact on children and young people's mental health. Links between mental health services and schools need to be strengthened, with better training and information for teachers and parents to reduce stigma.
12. The mental health services and schools link pilot (launched in 2015) aimed to strengthen joint working between schools and mental health services. A total of 22 areas, incorporating 27 CCGs and 255 schools, were funded to establish named lead contacts within NHS children and young people's mental health services and schools.

⁴ Health Select Committee Inquiry CAMHS November 2014

13. An evaluation of the pilot programme was published in February 2017. It demonstrated the potential added value of providing schools and NHS CAMHS with opportunities to engage in joint planning and training activities, improving the clarity of local pathways to specialist mental health support, and establishing named points of contact in schools and NHS CAMHS.
14. At the same time, the evaluation has underlined the lack of available resources to deliver this offer universally across all schools at this stage within many of the pilot areas. Given the pilots show that additional resources would need to be allocated locally to deliver the offer universally across all schools, *further work is needed to understand how sustainable delivery models can be developed*. A number of the critical success factors identified in the evaluation highlight the role and contribution required from local authorities to make joint working arrangements a success.
15. DfE has also announced it will be running a programme of pilot activity on peer support for children and young people's mental health and emotional wellbeing across schools, colleges and community settings and undertake randomised control trials (RCT's) of promising preventative programmes that can be delivered in schools.

Involving children, young people and their families

16. Children, young people and their families need to be involved in making decisions about their treatment and which services are needed. Services often do not have the time to engage with parents, but parents have a key role to play and need to be supported through provision of better information and training which reduces the stigma of mental health and enables them to support children and young people.
17. The forthcoming green paper on children and young people's mental health will set out plans to transform services in schools, universities and for families. It provides an opportunity to engage with children, young people and families and to test proposals to ensure that they are guided by the voice of those with experience of services.

Fragmented commissioning landscape and lack of systems leadership

18. There is currently a fragmented commissioning landscape, with responsibilities split across the council, schools, NHS England and CCGs. This has resulted in a lack of systems leadership. Joint commissioning practice in local areas across all tiers of services is needed to bring some coherence and co-ordination to delivery at a local level. All partners need to work together to shared outcomes, and the funding that local areas receive for mental health services should be used to pursue joint commissioning opportunities that simplify the system and provide more holistic support.
19. Children, young people and families need a single point of contact, with clarity on what services are available and how to access them so that they do not have to negotiate between different organisations and professionals. This requires shifting the focus from structures to person centred care, where there is better working between organisational

boundaries, so that all professionals making decisions about a child or young person's care understands the full circumstances of their situation. One way to support this would be through the introduction of a common assessment across professional and organisational boundaries.

20. Multi agency training of health and education professionals could also make a difference in helping to join up the system, break down silos of care and enhance awareness of the different roles and challenges of partners involved in the system.

Provider capability

21. The transformative change described in Future in Mind relies on the capacity of providers to think differently about how they work with partners to deliver services. Further support from government (and universities) to skill up providers and create the capacity for change is needed to develop the provider market. Some local areas have a limited choice of providers and there is difficulty finding appropriate services for local people.

A need for evidence informed interventions and data

22. Better data and information which helps us to understand the difference that services are making is needed. Local and national commissioners are still using 2004 data to support their understanding of the prevalence of mental health issues in the population. The Office for National Statistics (ONS) and NatCen Social Research have been commissioned by the Health and Social Care Information Centre (HSCIC) to carry out the Survey of the Mental Health of Children and Young People (MHCYP) 2016 (results are due to be published in 2018).
23. Further research and evaluation, will help to build an evidence base and identify a common view of what works. This research needs to recognise that a range of age appropriate interventions are needed; there is a concern from some non NHS partners that Cognitive Behavioural Therapy (CBT) is being overused and that whilst it is an evidence based intervention it will not work for everyone. Alternative provision to CBT that supports the prevention and early intervention agenda is also needed.
24. In January 2017, the Prime minister announced a major thematic review of children and adolescent mental health services across the country, led by the Care Quality Commission, to identify what is and isn't working (scope to be confirmed). This will help to contribute to the existing evidence base.

Particularly vulnerable groups

25. We know that health (especially mental health) outcomes for looked after children are significantly worse than for the child population as a whole. Children in care are four times more likely to experience a mental health difficulty than their peers.

26. The current focus on schools, does not prioritise those between 16-25 who are transitioning from children to adult's services or those children that are not in school. We know that suicide is the leading cause of death among young people aged 20-34 years in the UK and it is considerably higher in men, with nearly four times as many men dying as a result of suicide compared to women.
27. The transition point between children and adults is poor across the majority of the country. A study of young people's transitions from CAMHS to adult mental health services has found that two thirds of teenagers are either 'lost' from or interrupted in their care during this time, which is likely to have serious consequences, especially if needs are unmet.⁵ Moving out of an area also brings challenges with many finding existing support begins to fall apart and that they have to start over again.
28. One option would be to designate a virtual mental health lead professional in children's services similar to the role of the virtual school head currently in schools.

Waiting times and criteria to access services

29. Waiting times or criteria to accessing mental health and wellbeing services are inconsistent, depending on where you live. Criteria to access support can also be extremely high, which means it is only when a child or young person is at crisis point that services will intervene. (One example given is where some local services require two suicide attempts before a child or young person can access support). The length of waiting times is also unacceptably high, with little support whilst the child or young person waits to get to the top of the list.
30. The government has set out an ambition to introduce access and waiting time standards across all mental health services between 2016 and 2020. Guidance to support the development of standards relating to eating disorders, early intervention in psychosis, the improved access to psychological therapies programme and liaison psychiatry was issued in 2015. Work to support commissioners and providers implement the standards and collect data is ongoing.

On-line mental health support services, social media and cyber bullying

31. On-line counselling services are seen as a positive move, however it is recognised that the internet can also enable access to material that can cause harm to a child's mental health and wellbeing. Social media has a growing impact on children and young people's mental health. Dudley has identified six young people who have committed suicide due to cyberbullying.
32. Children need to be taught e-resilience and council's need to be mindful of internet access in public facilities such as libraries. Young people will rarely share concerns

⁵ Singh et al. (2010) Process, outcome and experience of transition from child to adult mental healthcare: multi-perspective study

about cyberbullying for risk of having their technology taken away. Staff need training to understand the dangers and opportunities of digital technology including Apps.