

Appendix 1 – Established Children and Mental Health Policy Asks.

Short term:

- **A cross Whitehall strategy**

The LGA is calling for a [cross Whitehall strategy](#) that puts the needs of children and young people at its centre. This will support the wider system to work collaboratively towards clear roles with identified outputs and outcomes.

- **Expansion of Mental Health Support Teams in Schools to full country coverage**

We need the immediate expansion of Mental Health Support Teams in Schools (MHSTs). Although it is important to take an iterative, learning approach to rolling out this programme to ensure it works for children, young people, families and schools, 65 per cent of young people currently do not have access to this support.

- **Investment into youth services**

The refresh to the youth service statutory guidance provides an opportunity for councils to develop their youth services, an essential form of support to young people in their communities. However, this cannot take place without further investment into children and young people's services recognising the wider pressures that council children's services and wider budgets are under.

- **Support for children and young people in care, care experienced young people and unaccompanied asylum seeking children**

Support for children and young people in care and care experienced young people is essential. Sometimes these young people will have experienced significant trauma on their journey into the care system and every effort should be taken to ensure they get the support they need as early as possible to enable them to feel supported. This includes having a specific service within all child and adolescent mental health services (CAMHS) for care experienced young people. This should be delivered closely with the council to ensure the staff who know the young people best are able to support them throughout.

Medium term

- **Build mentally healthy schools**

We need to build on efforts to develop mentally healthy schools. The proposals in the Green Paper to develop Designated Senior Leaders in Schools were slow to be rolled out and have seen some implementation issues. There is a [wealth of evidence showing what makes a difference to children and young people in school](#). Universal social and emotional learning (SEL) interventions in particular have good evidence of enhancing young people's social and emotional skills and reducing symptoms of depression and anxiety in the short term. Universal interventions can be effectively delivered by teachers; however, there is no evidence that teacher-delivered interventions are effective in addressing the needs of students that already have mental health needs, such as with symptoms of depression or anxiety.

- **Counsellors in all state secondary schools**

There is more that can be done to provide support for and through schools and colleges for children and young people to access mental health support such as through [school-based counselling](#).

- **Build early support hubs in each local community**

Many children and young people will not feel comfortable accessing support through schools and provision in their communities or online is essential. The LGA is calling for the roll out of [Early support hubs](#). This approach is already working well in some local areas, for example, the [Hive in Camden](#). Online support already provides some support for children and young people, as shown with [Kooth in Portsmouth](#). However, we know that some young people did not feel supported through the pandemic and the move to digital services as they are either unable to access computers, or they did not have a private space to go to have a discussion. Not one service fits all young people and there needs to be a range of holistic support in place for children and young people.

- **Ensure family hubs are available for every child across the country**

Support across the life course of a child is essential. However, a time that can often be overlooked is very young children. The Start for Life programme prioritises parent-infant mental health and perinatal mental health. Rolling out the funding for family hubs will enable all children and families to benefit from the essential support. This also needs to be long term funding for councils to be able to embed the services to support the local community.

- **Develop the specialist mental health workforce**

Alongside supporting the whole children and young people's workforce to be able to talk to children and young people about mental health, specific focus needs to be taken to build the workforce. Significant progress has been made in expanding the children and young people's mental health workforce, however growth in the workforce still continues to be the biggest risk to the expansion of services. Vital parts of the workforce continue to experience cuts in the face of funding shortages, and issues remain with retention of the workforce.

- **Improve the collection of data to provide an accurate picture of the children's mental health system**

For children and young people, understanding a clear picture of access to mental health services is challenging with no definitive national dataset which covers referrals, access to support and outcomes for mental health at different levels of need. The data which is regularly collected nationally typically only relates to CAMHS or very specialist admissions, with no visibility afforded to the significant activity in supporting children and young people with lower levels of need.

- **Provide support for the most vulnerable children and those with the most complex needs**

Multiple pressures are being presented to the system at once. [Increasing numbers of children are being subject to Deprivation of Liberty Orders \(DOLs\)](#), councils and health partners are seeing more children presenting with emotional wellbeing and mental health needs but without a diagnosable mental health condition and there are increasing pressures on identifying the right support of provision for these children and young people, including placements for children in care. This requires holistic working between different partners to ensure that children get the right support, a review of the way to support children with emotional needs that are not deemed to have a mental health diagnosis.

- **Improve transitions between child and adolescent mental health services into community support and adult mental health services**

The NHS Long Term Plan committed to developing a comprehensive offer for 0-25

year olds and to introduce a new approach to 18-25 year olds. However, there is limited understand of the work that has taken place to introduce this offer and young people still continue to experience challenging transitions between children's mental health services and adults mental health services.

Long term:

- **Address the root causes of poor mental health through tackling poverty**

There is a [strong link between poverty and poor mental health](#) with higher rates of poverty and disadvantage increasing the risk of poor mental health but also being a consequence of poor mental health. For a child growing up in poverty, this can contribute to adverse childhood experiences and can have a long-term impact on their mental health and wellbeing. [Poverty can be a significant risk factor for mental illnesses like schizophrenia, anxiety and addiction](#). Poverty can also act as a barrier to accessing mental health services. This can be due to accessing services during times that work for families or due to the need to follow up or chase support. Furthermore, the stigma of living in poverty can be a deterrent to asking for help. We need to have a strong evidence-based approach to addressing the social determinants of poor mental health, including poverty, inadequate or overcrowded housing, unsafe neighbours, employment and skills, substance use and domestic violence.

- **Investment in prevention, particularly the public health grant**

The model of prevention needs to be enhanced. This includes investing in public health. The grant allocation was [26% less on a real terms per head basis in 2022/23 compared to 2015/16](#). Reversing the reductions to the public health grant and ensuring councils have the resources they need to deliver and commission innovative and effective services is essential.

We continue to make the case for multi-year settlements and for more long-term certainty around public health funding for all councils. An increased focus on prevention through an uplift to the public health grant is needed, as well as a wider review of the adequacy of public health funding. This will support the Government's wider aims by improving health outcomes, reducing health spending and putting social care and the NHS on a better footing for the long term. It will ensure councils are able to provide a consistent service which leads to better outcomes for children and families.

- **Invest in the school nursing workforce**

With greater investment in prevention, we would see more school nurses, who are well placed to provide health promotion, prevention and early intervention to improve young people's emotional health and mental wellbeing. School nurses are trusted and valued by children and young people, have the flexibility to work with them in school and community settings, and provide holistic assessments of needs. They take strengths-based approaches and work in partnership with children and their parents to encourage behaviour change which encourages positive health outcomes.

An example is [Walsall's school nursing service](#) which started running dedicated emotional and mental health support groups more than 10 years ago and is targeted at those struggling with anxiety, low self-esteem and confidence issues.

A properly resourced, integrated workforce plan that underpins the current refresh of the Healthy Child Programme is urgently required, alongside an uplift to the public

health grant.

- **Ensure ICSs have the tools they need to prioritise children's mental health**

The whole system needs to work together to support children and young people's mental health, no one partner can do it alone which means fragmentation of the system needs to be reduced. There are positive steps forward with the Integrated Care Systems, however, further focus on children and young people needs to be part of these discussions as well as joined up funding to ensure that the right support and treatment is in place. A series of examples showing good practice within local systems is shown in the LGA report [Building resilience: how local partnerships are supporting children and young people's mental health and emotional wellbeing](#).

- **Enhance specialist support for children and young people**

Support for children with specific needs is essential particularly given the [increase in children with eating disorders following the pandemic](#). However, we also need to recognise that young people may have comorbid needs. For example, they may have an eating disorder, but also another need such as autism and they need to be supported holistically and not passed from one pathway to another. Too often we see children in siloes and do not constructively build support around them and their needs.

- **Improve inpatient mental health provision**

There are well documented challenges facing inpatient mental health provision for children and young people. A concerted review of how to improve these services needs to be considered with a view of the whole journey of the child. Although the proposals made in the [stable homes, built on love Government proposal](#) to improving the social care system go some way to supporting children and young people in the community, without significant investment this will not go far enough. All partners need to be around the table to support children and young people with the most acute needs.