## Children and young people’s mental health

## Purpose of Report

For information.

## Summary

NHS England has been undertaking a range of activity concerning children’s mental health. Speakers from NHSE are joining today to discuss wider activity being undertaken by the NHS, alongside specific programmes of work; the Mental Health, Learning Disability and Autism Inpatient Quality Transformation Programme and the Framework for Integrated Care.

Councils and the LGA have long been raising concerns regarding support for children’s mental health, particularly for those children who require interventions from multiple services.

LGA Plan Theme: Putting people first

## Recommendation(s)

That the Board note the presentations from NHS England colleagues on activities taken related to children’s mental health to date, consider areas of discussion listed under paragraph 23 and the next steps.

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## Children and young people’s mental health

## Background

1. Mental health needs of children and young people were rising even before the pandemic but these have been exacerbated by Covid-19. In 2022, NHS data found that 1 in 6 children and young people have a probable mental health disorder, an increase from 1 in 9 in 2017. This has had a significant impact on the system; with a 53 per cent rise in children presenting to councils with mental health needs in 2022 compared with 2018 and a 77 per cent increase in referrals for specialist mental health services in 2021 compared to 2019.
2. NHS has made a series of commitments on children’s mental health starting with Future in Mind in 2015 and reflected and built on in the NHS Long Term Plan in 2019. [LGA-commissioned research](https://www.local.gov.uk/publications/children-and-young-peoples-mental-health-independent-review-policy-success-and#nhs-children-and-young-peoples-mental-health-services) found that whilst there has been positive progress in expanding access to NHS children and young people’s specialist mental health services for children’s mental health, with an increase in funding and more children accessing mental health support, however many of the commitments have been criticised for not being ambitious enough in creating the scale of change that is needed.
3. Local government makes a vital contribution to promoting good mental health in individuals and communities. The main ways this happens are through:
	1. System-wide leadership through health and wellbeing boards (HWBs).
	2. Promoting equality and anti-racist approaches.
	3. Public health responsibilities to promote mental wellbeing and prevent poor mental health throughout the life course.
	4. Statutory duties and powers related to mental health for children and young people and for adults.
	5. The overview and scrutiny of mental health provision.
	6. Commissioning of voluntary and community services that support good mental health, including advocacy or youth services.
	7. Provision of wider services that support wellbeing, such as libraries, leisure services and green spaces.
	8. Councils, as corporate parents, have a particular role in the support of children in care, or care experienced young people to ensure they have access to mental health support, where required, this includes unaccompanied asylum-seeking children.
4. Supporting young people’s mental health should not be seen as solely an NHS issue, however, it needs to be recognised that council funding has not kept pace with that of the NHS resulting in councils finding it increasingly difficult to provide vital services that are essential to supporting children and young people’s wellbeing. Despite increases to the NHS budget, the NHS is also struggling financially with restructuring programmes, inflationary pressures, increased demand and costs.
5. Children’s mental health is a complex issue and it continues to be a pressing concern to children, young people, families and the public services around them. CYP mental health is one of the children and young people board’s priority areas and a cross-cutting concern.
6. The LGA children and young people board have recognised the challenging picture for children’s mental health and has established a children’s mental health working group to build on existing asks and focus on what councils and the LGA can do to support children’s mental health.

## Proposal

1. NHS England will join today’s meeting to discuss work on children’s mental health, with particular focus on the Framework for Integrated Care and on the Mental Health, Learning Disability and Autism Inpatient Quality Transformation Programme.
2. Children’s mental health progress is driven by Future in Mind 2015 and the NHS Long Term Plan 2019. This has resulted in investment into support for children’s mental health including 730,000 children accessing NHS-funded mental health services in the year up to 2023, expansion of Mental Health Support Teams across 35 per cent of the country and the roll-out of 24/7 all age mental health crisis lines. However, there remain significant challenges in children’s mental health with long waiting times, high vacancy rates and access rates to mental health services remaining behind the target (See **Annex 1** for slide pack).
3. The Framework for Integrated Care (Community) is the response to the NHS Long Term Plan commitment to invest in additional support for the most vulnerable children who have complex needs. The Framework for Integrated Care supports SECURE STAIRS, which is used in the children and young people secure estate and in community services to support trauma-informed care, and develop evidence-based, whole-systems approaches to create change for vulnerable children with complex needs. It acts as an opportunity to strengthen and pull together existing provision around the child and intervene earlier in their pathways to enable better outcomes (see **Annex 2** for paper and slides).
4. A series of vanguard sites are set up, trialling different ways of working. These are based on integrated care system (ICS) or provider collaborative footprints. These vanguards are intended to demonstrate partnership working and the outcomes of this way of working. Data has been submitted since October 2022 to understand the needs of children and evidence whether the objectives of the Framework are being met.
5. The Mental Health, Learning Disability and Autism Inpatient Quality Transformation Programme was established in 2022. All mental health, learning disability and autism inpatient services for children and young people, adults and older adults are in scope of this programme, including specialised inpatient services. The programme is supported by £36 million over three years (see **Annex 3** for paper and slides).
6. The intentions of the programme are to:
	1. Explore and accelerate different therapeutic offers, including community-based alternatives to admission and ensure a safe and personalised culture within inpatient care.
	2. Have a proactive support structure that has clear oversight and enables early identification of issues to ensure that services that are experiencing challenges have timely and coordinated recovery support.

## Implications for Wales

1. None, policy for children’s mental health is devolved in Wales.

## Financial Implications

1. There are no financial implications for the LGA.

## Equalities implications

1. Children and young people are more likely to have poor mental health if they experience some form of adversity, such as living in poverty, parental separation or financial crisis, where there is a problem with the way their family functions or whose parents already have poor mental health. Covid-19 and associated school closures increased pre-existing mental health inequalities. There are also regional disparities in the prevalence of mental health and the available treatment for young people.
2. Sexual orientation and gender reassignment: Young people who identify as LGBTQ+ are more likely to suffer from a mental health condition.
3. Disability: Nearly three-quarters of children with a mental health condition also have a physical health condition or developmental problem.
4. Ethnicity: Children from a White ethnic background are [more likely to have a probable mental health disorder](https://files.digital.nhs.uk/AF/AECD6B/mhcyp_2020_rep_v2.pdf) than those from Black and Minority Ethnic backgrounds. Black children are 10 times more likely to be referred to Children and Young People’s Mental Health Services via social services, rather than through their GP, compared to white British children. Black people in England and Wales are 4 times more likely to be detained under the Mental Health Act than white people, and ten times more likely to be given a Community Treatment Order when they are discharged.
5. Sex: Data on reported self-harm shows a large increase over time for females and in 2014 with 20 per cent of young women reporting that they had self-harmed, three times higher than in 2000.
6. Looked after children are four times more likely to experience mental health issues than their peers.
7. A third of people in the youth justice system are estimated to have a mental health problem.

## Next steps

1. Officers will take note of the discussion and continue to work with NHS England in supporting children and young people’s mental health.
2. Areas for discussion may include:
	1. Opportunities for joint work between the LGA and NHSE
	2. Opportunities for joint work on a local level
	3. How children and young people’s mental health affects people in your local area.
	4. Existing evidence of local good practice for partnership working.
	5. Reflections on the specific programmes that have been discussed and local experience of these, particularly if there is experience of the Integrated Care vanguards.