Supporting children’s wellbeing and mental health in a school environment

Summary

On Tuesday 10 January 2017 at 9.30am in Westminster Hall MPs will take part in a 90 minute debate on supporting children’s wellbeing and mental health in a school environment.

This debate was scheduled by the Back Bench Business Committee following a representation by Norman Lamb MP.

Watch the representation to the committee
Watch the debate live on Parliament TV

This debate pack contains background information as well as relevant press coverage, parliamentary material and further reading.

The following library briefing paper may also be of interest:

Children and young people’s mental health – policy, CAMHS services, funding and education

Contents

1. Background
   1.1 Health services for children and young people with mental health conditions 2
   1.2 The role of schools in supporting pupils with mental health conditions 3

2. Press Articles 6

3. Press releases 11

4. Parliamentary coverage
   4.1 Parliamentary Questions 27
   4.2 Debates 39

5. Further Reading 40

The House of Commons Library prepares a briefing in hard copy and/or online for most non-legislative debates in the Chamber and Westminster Hall other than half-hour debates. Debate Packs are produced quickly after the announcement of parliamentary business. They are intended to provide a summary or overview of the issue being debated and identify relevant briefings and useful documents, including press and parliamentary material. More detailed briefing can be prepared for Members on request to the Library.
1. Background

1.1 Health services for children and young people with mental health conditions

The Government has committed to providing an extra £1.4 billion for Children and Adolescent Mental Health Services (CAMHS) over the course of this parliament.

It has also agreed to implement the recommendations set out in *Future in Mind: Promoting, protecting and improving our children and young people’s mental health and wellbeing* (March 2015), the report of the Children and Young People’s Mental Health and Wellbeing Taskforce. *The Five Year Forward View for Mental Health*, which was published in February 2016, included a commitment to provide access for at least 70,000 more children and young people to high-quality mental health care by 2020/21. This is expected to deliver increased access from meeting around 25% of those with a diagnosable condition locally, based on current estimates, to at least 35%.

In July 2016, NHS England published its plan for *Implementing the Five Year Forward View for Mental Health*. This said that NHS England will work with partner organisations across health, education, youth justice, children’s services, the voluntary and independent sectors to consider how: "consequent improvements in access to other services (for example those provided by local authorities and in schools or colleges) will be delivered and measured in parallel."

In September 2016 NHS England announced that it had “re prioritised spending” to free up an extra £25m to go to Clinical Commissioning Groups (CCGs) to spend on CAMHS. This was in addition to £149m awarded to CCGs to fund improvements in CAMHS in 2016/17. In order to receive the extra funds, CCGs will need to provide details of how they will reduce average waiting times for CAMHS treatments by March 2017.

In December 2016, the charity, *Young Minds*, claimed that funding for CAMHS was “not going where it should”. In a press release, it said:

Research undertaken by YoungMinds into the responses of 199 Clinical Commissioning Groups (CCGs) from Freedom of Information requests has revealed that:

- Fewer than half of the CCGs who responded were able to provide full information about their CAMHS budgets. If CAMHS services are to improve, there needs to be far greater accountability about where money is being spent.

- In the first year of extra funding (2015-16), only 36% of CCGs who responded increased their CAMHS spend to reflect their additional government funds. Nearly two-thirds (64%) of CCGs used some or all of the extra money to backfill cuts or to spend on other priorities.
In the second year of extra funding (2016-17), only half of CCGs (50%) who responded increased their CAMHS spend to reflect their additional government funds. The other half (50%) are using some or all of the extra money for other priorities.¹

General background information on mental health services for children and young people can be found in a detailed House of Commons library briefing paper:

- House of Commons Library briefing paper, Children and young people’s mental health – policy, services, funding and education, updated April 2016

1.2 The role of schools in supporting pupils with mental health conditions

Prevalence of mental health issues among pupils

The charity Young Minds has estimated, based on research published in 2005, that one in ten children between the ages of 5 and 16 suffer from a diagnosable mental health disorder.² The Mental Health Policy Group, an alliance of mental health bodies, made the same estimate in 2014; further, it reported that 75% of children and young people experiencing a mental health problem were thought to not access any treatment.³ New prevalence data, commissioned by the Department of Health, is due to be published in 2018.

Government policy on mental health support through schools

In December 2015, then Education Secretary, Nicky Morgan, announced pilot areas across the country to improve mental health services for children in schools. The Mental Health Services and Schools Link Pilots test a named single point of contact in 255 schools and in 22 pilot areas, to enable more joined-up working between schools and health services. The pilots received £3 million of government funding, jointly funded by the Department for Education and NHS England.

In September 2016, it was confirmed that the pilot is being rolled out further. Former Secretary of State for Education, Nicky Morgan, has tabled two PQs asking for further details on the Government’s analysis of the pilots, and on the roll-out of the programme; at the time of writing, these are awaiting answer.⁴

In an answer to a Parliamentary Question on 7th September 2016, the Minister for Vulnerable Families and Children, Edward Timpson, said:

Children and young people’s mental health is a priority for this Government, supported by an additional £1.4 billion over the lifetime of this Parliament. Each clinical commissioning group has

¹ Young Minds, ‘Children’s mental health funding not going where it should’, 21 December 2016
² Young Minds website article, ‘Mental health statistics’, undated.
³ Mental Health Policy Group, A manifesto for better mental health, August 2014
⁴ PQs 58087 and 58211 [on Schools: Mental health services], both tabled 19 December 2016.
worked with partners, including schools and colleges, to develop a Local Transformation Plan setting out how they will provide support for the full spectrum of mental health conditions, including early intervention measures…

…We want to support schools and colleges further, and to help us to know where to best direct this support we are currently conducting a large-scale survey asking them what approaches they use, as well as what they find to be the most effective. The results should be available next spring.

The Department of Health has also commissioned a new prevalence survey that should provide updated information on a range of specific mental health conditions such as anxiety and depression. This is due to report in 2018.

Other relevant policy initiatives include the DfE’s character education programme, Government support for anti-bullying initiatives, and the publication in March 2015, under the Coalition Government, of the DfE’s blueprint for counselling in schools.

Sector commentary on school-based support for mental health issues

In November 2016, the Education Policy Institute’s (EPI) Independent Commission on Children and Young People’s Mental Health published a new report, Time to deliver. Among other things, in relation to schools this called for a “high profile, national government programme to ensure a stronger focus on mental health and wellbeing within schools.” This, the Commission said, should include:

- Evidence-based training for teachers.
- A trained lead for mental health and wellbeing in every school, college and university.
- Schools, colleges and universities adopting the WHO recommended Whole School Approach model.
- Within its existing framework categories, [school inspectorate] Ofsted having regard to wellbeing in any inspection of a school or college.
- Mandatory updated high quality, statutory PSHE [personal, social, health and economic education] in all schools and colleges, with dedicated time for mental health.

PSHE is currently a non-statutory subject in England, although the Government expects schools to offer it. There have been repeated calls for PSHE to be placed on a statutory footing – full background on this issue can be found in a separate House of Commons Library briefing paper. The PSHE Association has recently published guidance and lesson plans to support teaching about mental health and wellbeing; this work was funded by a Department for Education grant.

In April 2016, the Institute for Public Policy Research (IPPR) argued that secondary schools were facing a "perfect storm" and were being forced

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5  PQ 44300 [Mental Health Services: Young People], 7 December 2016
6  EPI, Independent Commission on Children and Young People's Mental Health, Time to Deliver, November 2016. EPI was formerly known as CentreForum.
7  Ibid., pp. 9-10
to “pick up the pieces” in terms of pupils’ mental health. It said that in 2016, “90 per cent of secondary school headteachers reported an increase in rates of mental health problems such as anxiety and depression among their pupils over the previous five years.” Secondary schools, it said, were ideally placed to act as “the hubs from which early intervention provision is delivered by health professionals, alongside wider provision elsewhere in the community”. However, it was critical of the Government’s planned transformation of mental health services for children and young people, saying that the changes had “so far failed to give schools the central role that was envisaged.”

**Education and Health Committee inquiry – December 2016**

In December 2016, the Education Committee and Health Committee launched a joint inquiry to examine the role of education in promoting emotional wellbeing in children and young people and preventing the development of mental health problems.

The inquiry will:

[H]ave a specific focus on the role of educational settings in prevention and early intervention. The Committee will be examining:

- Promoting emotional wellbeing, building resilience, and establishing and protecting good mental health
- Support for young people with mental health problems
- Building skills for professionals
- Social media and the internet.

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8 IPPR, *Education, education, mental health: Supporting secondary schools to play a central role in early intervention mental health services, May 2016*

9 See: Health Committee website, ‘Children and young people’s mental health – role of education’, 1 December 2016
2. Press Articles

Guardian, 26 December 2016

**NHS mental health services failing young people, say psychiatrists**

Seven in 10 psychiatrists deem Child and Adolescent Mental Health Services to be inadequate at best, Guardian survey finds

Guardian, 21 December 2016

**Cash to boost children's mental health not getting through, says charity**

YoungMinds data shows half of England's clinical commissioning groups used their share of new £1.4bn allocation for other purposes

Guardian, 8 December 2016

**I hate that a child has to be at high risk of suicide before we can help**

The number of suicidal children referred to my team has skyrocketed - we’re overstretched and I can’t bear to think what the future holds

Guardian, 7 December 2016

**The government is breaking promises on child mental health**

Camhs was promised £250m each year until 2020. In the first year of promised investment, only £143m was released

Guardian, 6 December 2016

**'I left to save myself': the reality of working in children's mental health**

Huge cuts to services, a lack of resources and an explosive rise in patients have taken their toll on frontline staff

Guardian, 30 November 2016

**Growing crisis in children and young people's mental health demands action**

Young people face unprecedented social pressures, leading to serious psychological distress. Society’s response has been inadequate

Independent, 18 November 2016

**Government inaction on mental health condemned by every former Health Secretary of past 20 years**

Former health minister Norman Lamb said inadequate mental health is a 'stain on our country'
Telegraph, 18 November 2016

**Inadequate mental health provision is a 'stain on our country', former Health Secretaries warn**

Independent, 14 November 2016

**Quarter of young people seeking mental health care 'turned away by specialist services'**

‘Something has to go drastically wrong before some services will intervene’ report warns

Guardian, 03 November 2016

**‘Under the radar’ integration reaps rewards**

Plymouth pools funding across a range of services, with widespread benefits

Guardian, 24 October 2016

**Child and adolescent mental health services need a tangible commitment**

Guardian, 20 October 2016

**Children need to know stress is normal, not necessarily a mental health problem**

Some students have a genuine diagnosis, but schools should teach that feeling down sometimes is just part of growing up

Guardian, 03 October 2016

**Children's mental health in crisis – readers share their stories**

Despite the collective efforts of schools, social workers and hospitals, children and parents speak of reduced services unable to help patients until their condition becomes critical. Here, 20 readers talk about their experiences

Guardian, 03 October 2016

**Help for children's mental health, from apps to parenting classes**

As NHS children’s mental health services struggle to cope, others are stepping in with innovative programmes and projects

Independent, 20 September 2016

**NHS budget pressures will leave mental health services underfunded, spending watchdog warns**

The Public Accounts Committee says the money is not there to improve services
Times Educational Supplement (TES), 16 September 2016

**Look and listen to protect children’s mental health**

Teachers have a key role to play in pupil wellbeing – but many don’t feel confident handling mental health issues. Here psychologist Dr Tara Porter offers advice on giving the right kind of support

Independent, 10 September 2016

**Children's mental health has hit crisis point – and damaging education reforms are to blame**

Young people's collective stress buckets are overflowing as they attempt to endure the realities of a world which consistently demands academic, social and aesthetic perfection with no means of releasing that pressure

Guardian, 9 September 2016

**DfE emails show officials wanted to silence mental health tsar**

Natasha Devon has obtained emails revealing education department worked against her because she criticised policy

Independent, 8 July 2016

**Parents need to understand the growing problem of mental health in their children**

Why do young people prefer to approach friends, rather than their parents, with mental health-related issues?

Guardian, 04 July 2016

**NHS child mental health services are failing the next generation, say GPs**

Six in 10 children and young people across England do not get treatment for problems such as anxiety and depression, data shows

Times Educational Supplement (TES), 01 July 2016

**How schools can plug gaps in NHS mental health services**

Headteachers increasingly turning to pupil wellbeing programmes to support students ‘at breaking point’

Telegraph, 19 June 2016

**Shortage of school nurses contributing to mental health crisis, experts say**
Guardian, 30 May 2016

**Teachers have to be therapist one moment, social worker the next**

The former children’s mental health tsar on why schools have become the last line of support for vulnerable pupils

Guardian, 16 May 2016

**All secondary schools 'should have on-site mental health support'**

Study says schools are well placed for early intervention and recommends that a professional be on site at least once a week

Guardian, 04 May 2016

**Mental health champion for UK schools axed after criticising government**

Department for Education denies axing of role is connected to Natasha Devon’s criticism of policies such as increased testing

Guardian, 29 April 2016

**Child mental health crisis 'worse than suspected'**

Natasha Devon, the government’s mental health champion in England and Wales, warns of ‘medicalising childhood’

Independent, 20 April 2016

**New child mental health support service launched**

It is estimated that in every school classroom in the UK, at least three children are suffering from a mental health issue

Telegraph, 5 April 2016

**Primary school pupils driven to suicide, survey reveals**

Guardian, 21 March 2016

**How to teach ... mental health**

We teach children how to care for their bodies – use our resources to help them learn to look after their minds too

Times Educational Supplement (TES), 18 March 2016

**The state of pupils’ mental health shames us all**

The world has gone topsy-turvy. As the government announces wholesale academisation and everyone obsesses about structures, we seem to have forgotten the very people that education is for: the children, the supposed beneficiaries of improvements to the school system.
Independent, 05 March 2016

Growing number of children self-harming as mental health problems amongst pupils rise, says new survey

Survey also finds a big increase in cyber bullying

Telegraph, 5 March 2016

'Serious gap' in mental health provision, school leaders warn

Independent, 09 February 2016

Why mental health first aid should be taught in every school - to the pupils and the teachers

Of £250m a year originally budgeted for 'children and young people's mental health', there has been a £77m underspend this year. These figures highlight the gulf between what Conservative Ministers promise on mental health, and what they actually do

Guardian, 27 January 2016

Schools trying to help children shut out by mental health services

Some teachers report being ‘frightened and overwhelmed’ by pressure to support troubled pupils who do not meet the threshold for NHS care

Guardian, 27 January 2016

NHS’s 'inadequate help for traumatised children shames our nation'

Of 1,256 GPs, teachers, social workers and psychologists surveyed by the charity, 96% were critical of child and adolescent mental health services

Children & Young People Now, 19 January 2016

Give children a break and put play back on the map

Children & Young People Now, 05 January 2016

Maverick minded: Natasha Devon, DfE schools mental health champion

Jess Brown meets Natasha Devon, government schools mental health champion.
3. Press releases

Public Health England, 8 December 2016

New report looks at the mental health of children in London

More than 110,000 children in London are suffering with significant mental ill health according to new PHE report.

More than 110,000 children in London, or around one in 10, suffer with significant mental ill health according to a new report from Public Health England (PHE). The report has been published to support commissioners to take action in improving the mental health of children and young people (CYP).

The report also reveals that just 1 in 4 (25%) children across the country who need treatment for mental ill health receive it.

The report also found:

- nearly 40,000 children suffer with anxiety
- over 10,000 children experience depression
- just under 19,000 children are diagnosed with Attention Deficit Hyperactivity Disorder (ADHD)
- over 68,000 children have conduct disorder (a serious behavioural and emotional disorder)

In response, PHE is supporting work with the Healthy London Partnership to:

- reduce suicide and improve children and young people’s mental health care
- develop a London-wide vision and approach to help make the capital the world’s healthiest city
- improve care for children and young people experiencing mental health crisis

PHE also recently produced a mental health toolkit for schools and colleges, in partnership with the Anna Freud Centre and is working closely with NHS England, Department of Health and Department for Education to deliver the national ambitions for child mental public health set out in Future in Mind.

Analysing the mental health of CYP in London and describing the case for improvements to mental health services can significantly improve health outcomes for this group. In 2014 and 2015, more than 1,800 children in London were admitted to hospital for mental ill health.

In addition to mental ill health, many young people in London report low life satisfaction. In 2014 and 2015, 16% of 15 year olds in London reported low life satisfaction, which is 1 in every 6. There are wide variations in life satisfaction across London boroughs. Factors such as deprivation, gender (girls are more likely to report low life satisfaction), ethnicity and sexual orientation can all impact on life satisfaction among CYP.
The report shows that mental ill health is a leading cause of health related disabilities in CYP and can have adverse and long lasting effects.

Children who experience mental ill health are more likely to smoke and struggle with alcohol and drug misuse. They are also at increased risk of poor physical health, lower educational attainment, decreased employment prospects and difficulty establishing social relationships. Evidence shows that early intervention and access to mental health services can help young people avoid falling into crisis and prevent longer term interventions in adulthood.

PHE’s aim, as part of our mission to protect and improve the nation’s health and address inequalities, is working to help the public health system achieve ‘public health parity’ for mental health.

Dr Marilena Korkodilos, a paediatrician and child health lead for PHE London, said:

Children’s and young people’s mental health is a real issue for London, and this report shows that we all need to do more. We are working with the city’s leaders and the NHS to develop a citywide vision and approach to help make London the world’s healthiest city. Alongside the Healthy London Partnership we are supporting both work to reduce suicide and improve children and young people’s mental health care.

Dr Marc Bush, Chief Policy Advisor at YoungMinds, said:

Public health and local authorities are vital partners in supporting children’s mental health, and we welcome this new report.

Children in London face a huge range of pressures, including stress at school, body image worries, bullying, around-the-clock social media and uncertain job prospects – and it can be extremely difficult for them to get help when they’re struggling to cope.

This report is an important contribution to the mounting evidence demonstrating that early intervention is crucial. Help needs to be available for young people when problems first emerge, and health professionals need the skills and confidence to offer the best possible support.

Other important findings in the report include:

- 50% of those with a lifetime mental illness (excluding dementia) will experience symptoms by the age of 14
- 10% of children aged 5 to 16 suffer from a clinically significant mental health illness
- Maternal depression is associated with a fivefold increased risk of mental ill health in the child
- 60% of looked after children have some form of emotional or mental ill health
- There is a 50% increased risk of mortality in people who are depressed
- People who suffer with mental ill health, such as schizophrenia or bipolar disorder, die on average 16 to 25 years sooner than the general population
Background

1. Public Health England exists to protect and improve the nation’s health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health. Follow us on Twitter: @PHE_uk and Facebook: www.facebook.com/PublicHealthEngland.

2. Read The mental health of children and young people in London report.


4. London rates are higher for low life satisfaction among 15 year olds than the England average, which is 14%.

5. In 2014 to 2015, 10,132 children in England were admitted to hospital for a mental ill health. This equates to 1 in every 1,200 children.

6. The Healthy London Partnership works across health and social care, and with the Greater London Authority, Public Health England, NHS England, London’s councils, clinical commissioning groups, and Health Education England. The Partnership works to amplify the efforts of a growing community of people and organisations that believe it is possible to achieve a healthier, more livable global city by 2020.

7. The Anne Freud Centre works to improve the lives of thousands of children and young people with mental health problems. PHE and Anne Freud Centre provide a mental health toolkit for schools.

8. The Future in Mind report has been published to promote, protect and improve the mental health and wellbeing of children and young people and sets out important proposals to achieve this.

Health Select Committee, 01 December 2016

Children and young people's mental health – role of education

The Health Committee is beginning a new inquiry into the role of education in promoting emotional wellbeing in children and young people and preventing the development of mental health problems. The Education Committee has been invited to join the inquiry and share its expertise in the education sector with the Health Committee’s overview of mental health services.

- Inquiry: Children and young people's mental health - the role of education
- Health Committee

Terms of reference
The inquiry will have a specific focus on the role of educational settings in prevention and early intervention. The Committee will be examining:

- Promoting emotional wellbeing, building resilience, and establishing and protecting good mental health
- Support for young people with mental health problems
- Building skills for professionals
- Social media and the internet

**Deadline for submissions**

Submissions should not exceed 3000 words, and should reach the Committee by Friday 20 January 2017.

- Send a written submission via the children and young people’s mental health—the role of education inquiry page

**Chair’s comment**

The Chair of the Health Committee, Dr Sarah Wollaston, says,

"In the last Parliament I chaired an inquiry into child and adolescent mental health services. The service has long been seriously underfunded and is unable to meet demand, leaving many young people without the help they need.

Lack of timely help means that young people can sometimes only access help when they have become seriously unwell. Young people told us that they wanted services to be available within schools.

We are today launching a call for evidence for a follow up inquiry into children’s and adolescents' mental health and the role of schools in prevention and early intervention. This will include examining the impact of social media and bullying."

**Young Minds, 17 August 2016**

**Progress on children’s mental health services at risk**

A new report from the Education Policy Institute Commission has found that problems with recruitment and hurried plans could result in children missing out on the care they so urgently require.

The comprehensive evaluation of the Government’s Mental Health Strategy, ‘Future in Mind’, discovered that 83% of children and young people mental health trusts have experienced problems in recruiting staff which has directly impacted the mental health strategy.

Published in March 2015, ‘Future in Mind’ was backed by funding of £1.4bn across a five year period.

**Recruitment difficulties**

- Research found 51 instances of a post being advertised with a trust receiving two or fewer applicants.
- 80% of trusts advertised posts on multiple occasions to fill roles, with mental health nurses being the most difficult profession to recruit.
In detailed new analysis which rated areas’ plans based on a framework of five measures, EPI found of the 121 published plans, only 18 areas (15 per cent) have ‘good’ plans.

58 (48 per cent) plans ‘require improvement’ and 45 (37 per cent) ‘require substantial improvement’.

On average, localities in the Eastern and West Midlands regions performed best.

Cuts to community care part of problem

Addressing the difficulties faced in recruiting staff, Marc Bush, Chief Policy Adviser for YoungMinds said: “It's crucial that nurses, psychologists, GPs and psychiatrists who work with vulnerable children are properly trained and able to provide consistent care.

Unfortunately, problems with recruitment can mean that children are treated by people with inadequate training, or by agency staff who may change from one appointment to the next.

The current staff shortages are largely a consequence of years of cuts to community care. Many of those who were made redundant had little choice but to re-train or move into adult services. While we welcome the government’s recent investment in children’s mental health, it is clearly wasteful to drive so many people out of their jobs before re-creating very similar jobs from scratch.”

On the subject of transformation plans, he went on to add that “Many local areas had to rush to publish their plans to ensure that they received the money they had been allocated.

When they refresh their plans this Autumn, it’s vital that they are more specific about the changes and challenges that they are facing. Otherwise too many children and families will continue to miss out on the care that they so urgently need.”

YoungMinds is a member of the Education Policy Institute’s Commission into children’s mental health. The full evaluation by the Education Policy Institute is now available.

Children’s Commissioner for England, 28 May 2016

Mental health services failing children with life-threatening conditions

Some children’s mental health services failing children with life-threatening conditions

- 28% of referrals for children’s mental health support are turned away
- 14% of children with life-threatening mental health conditions are being turned away from treatment
- Children and young people on mental health waiting lists for up to 200 days
- 35% of trusts restrict access to children who miss appointments

Over a quarter of children (28%) who were referred for specialist mental health treatment in 2015 did not receive a service, according to new information collected by the Children’s Commissioner for England
using her unique powers to request data from public bodies. In one trust 75% of referrals were not considered to meet the threshold for treatment.

A significant proportion of children with life-threatening mental health conditions - 14% of the 3,000 about whom information was obtained - were denied specialist support. These included children who had attempted suicide or serious self-harm and those with psychosis and anorexia nervosa.

Of 28 trusts that submitted information on waiting times for mental health treatment, four reported average waits of over 100 days and in one, the average wait for children who made it onto the list for treatment was 200 days.

Although children and young people can experience a variety of difficulties in attending mental health appointments, a third (35%) of trusts that responded to the question about restricting access to services for children who missed appointments, said that they would do so.

Children and young people are asking for:
- an enhanced role for schools in identifying early symptoms of mental ill health
- reduced waiting times between referral and appointments with a specialist and for better support whilst on the waiting list
- services that are closer to their home and on neutral territory such as in a park
- texts and phone calls rather than letters to encourage young people to attend first appointments
- reducing the stigma of having a mental health condition
- providing drop-in services for young people where they can talk about things that worry them.

Anne Longfield, Children’s Commissioner for England said:

“Children and young people consistently tell me that they need better mental health support but the information we have received paints a picture of provision that is patchy, difficult to access and unresponsive.

“Behind the stats are countless stories of children and young people in desperate circumstances not getting the vital support they need.

“I've heard from far too many children who have been denied access to support or struck off the list because they missed appointments. I've heard from others whose GPs could not manage their condition and who had to wait months to see a specialist whilst struggling with their conditions."

About the data

The data for this report was captured using the Children’s Commissioner’s legal powers to obtain information about children.

Sixty NHS trusts in England were asked to provide information about child and adolescent mental health provision and 48 responded.

Read the full report here.
Education Select Committee, 28 April 2016

Vulnerable children turned away from mental health treatment report finds

The Education Committee’s report on the mental health and well-being of looked-after children notes that a significant number of local authorities and health services are failing to identify mental health issues when children enter care.

- Mental health and well-being of looked after children
- Mental health and well-being of looked after children (PDF 597KB)
- Inquiry: Mental health and well-being of looked after children
- Education Committee

Almost half of children in care have a diagnosable mental health disorder, with looked-after children four times more likely than their non-looked-after peers to have a mental health condition.

Young people turned away by mental health services

Looked-after children face significant challenges in getting access to mental health support. The report finds child and adolescent mental health services (CAMHS) are turning away vulnerable young people in care because they have not met high thresholds for treatment or because the children are without a stable placement.

This is contrary to statutory guidance which states that looked-after children should never be refused a service on the grounds of their placement. To help tackle this inflexibility, the report recommends looked-after children be given priority access to mental health assessments by specialist practitioners, with subsequent treatment based on clinical need.

Chair’s comment

Neil Carmichael, Chair of the Education Committee, said:

“Local authorities have a special responsibility for the welfare of looked-after children. In spite of this duty, it’s clear that many looked-after children in England are not getting the mental health support they need. At present, CAMHS are not assessing or treating children in care because these children do not have a stable placement.

Given children in care may have unstable family lives and are frequently moving foster or residential placement, this inflexibility puts vulnerable children in care at a serious disadvantage in getting the support they deserve. This must change. We recommend children in care be given priority access to mental health assessments and never refused care based on their placement or severity of their condition”

Relocation an obstacle to effective provision of services

Highlighting the issues faced by children in care, the Education Committee heard from a sixteen-year old woman in foster care who
said she had been waiting for CAMHS for over two and a half years but had been unable to access services because she had moved thirteen times during that time period. The Committee heard that CAMHS are often unwilling to begin treatment if a child moves placement, even when this is within the same local authority.

**Extending access to CAMHS after leaving the care system**

Leaving the care system can be a time of significant upheaval and disruption, and this period is likely to be even more unsettling for care leavers with mental health concerns. Young people leaving care in the UK are five times more likely to attempt suicide than their peers. They are also more likely to enter the criminal justice system. The Committee finds current support for young people leaving care is inadequate and based too heavily on inflexible age restrictions.

The Committee recommends care leavers should be able to access CAMHS up until the age of 25 (rather than 18 at present) and recommends that initial assessments of those entering care should be more thoroughly and consistently carried out.

**'Whole school approach' and initial teacher training**

The report recognises the important role which schools and teachers have in supporting looked-after children but is clear that schools and teachers should not be not be administering specialist advice or acting as the sole source of support for their students. However, the Committee does recommend schools take a ‘whole-school approach’ to better support the mental health of their students.

The report also recommends improvements in training for teachers, and for foster and residential carers. The Committee recommends that through initial teacher training (ITT) all teachers should be trained in mental health and well-being.

**Chair’s comment**

Neil Carmichael, Chair of the Education Committee, said:

“As part of this inquiry, we heard the direct experiences of care leavers and children in care as they talked about the challenges they face in the care system and what makes for good mental health care [see annex 1 of report]. It’s crucial that the voice of young people is at the heart of the care planning and services looked-after children receive.

Social services need to do more to empower children in care to have an active role in decisions about their placements to increase the likelihood that they will be stable and successful. Coordination between local health, education and social services is another vital element of effective support for looked-after children with mental health difficulties. This integration needs strong leadership and we recommend that each local area employs a senior mental health professional to drive this forward."

**Committee recommendations**

**Tackling lack of reliable data**
The report urges the Government to address the lack of reliable data about the state of children’s and young people’s mental health. The report expresses disappointment that it has been 12 years since the last prevalence survey on children’s mental health was conducted.

**Funding ONS and effective outcomes monitoring**

The Committee calls on the Government to return to funding ONS prevalence surveys on children and young people’s mental health on a five-yearly basis. The report also recommends investment in outcomes monitoring to better understand the challenges that young people face whilst in and when leaving the care system.

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**Department of Health and The Rt Hon Alistair Burt MP, 11 February 2016**

**Children’s mental health: new online resources for adults**

Alistair Burt outlines why adults should talk to children and young people about mental health and introduces new online resources.

**Why we must never stop talking about children and young people’s mental health**

It’s been said before but it’s something definitely worth repeating – better mental health starts with a conversation. Achieving that first step – mustering the courage to share something so deeply personal and troubling – needs support, understanding and encouragement. This is especially true for children and young people. The insights we have indicate that men in particular find it more difficult to talk about mental health.

As adults, we sometimes find it hard to confront these kinds of problems. We worry about the reaction of work colleagues, friends and family – but for the young, still finding their way in the world, these worries can seem insurmountable at times. The taunts and ill-informed judgements of the playground or classroom can stifle cries for help. Meanwhile, the largely unmoderated world of social media offers dangers and benefits in equal measure.

Understanding these issues, in both the physical and virtual realms, requires heightened awareness from health and care professionals, informed by those they are tasked to help. This is why we have worked with MindEd to develop a resource, which includes information pages on topics such as e-safety, self-esteem, building personal skills and the impact of the digital world on identity. Information is also provided about specific digital risks such as cyberbullying, pornography and radicalisation.

MindEd offers free educational resources on children and young people’s mental health for all adults, funded in part by government and led by our sector partner, the Royal College of Paediatricians and Child
Health. The intent is to help protect young people’s safety online and to keep professionals properly informed. The more knowledgeable they can be – and be perceived to be – the more trusted the advice. Credible, professional voices provide young people with the confidence they need to manage their ‘digital lives’ and make responsible decisions about what they should – and shouldn’t – do online.

Whether it’s developing policy, legislation or training, best results are always achieved by involving the people for whom the benefit is intended. And so it was in this case. Development of MindEd’s online resource was driven by feedback from young people, who were clear in their belief that health professionals needed a better understanding of online risks and resilience factors. Whilst it is not always possible to change children’s circumstances, a better understanding of their experiences is often the most effective way to support them.

Understanding personal experience lies at the heart of the recent Time to Talk Day, which took place on 4 February – a ‘day of action’ from Time to Change. Part funded by the Department of Health, Time to Change is the campaigning arm of leading mental health charities Rethink Mental Illness and Mind. One of their primary aims is to remind us all that a problem kept hidden can mean a lifetime compromised – or even cut short.

Recently, I was privileged to meet youth mental health campaigner Zephyr Jussa. Zephyr has experienced many of the issues described above, but was able to find the courage – when battling depression in his teens – to open up about his mental health problems. He sought and received the help he needed and has since gone on to make a difference to others by speaking publically about his experiences. He is a brave young man.

The consequences of not reaching out for support are thrown into even sharper relief by Place2Be’s Children’s Mental Health Week. This year’s theme is all about ‘building resilience’ and teaching children to ‘bounce forward’ from life’s challenges. It’s also about seeking the help and support they need, when they need it. As with many such initiatives, the week’s activities – led by the Duchess of Cambridge – has been a joint effort and includes MindEd on the roster of supporters.

More broadly, as was our stated intent in last year’s Future in mind report, initiatives like Time to Talk and Children’s Mental Health Week are helping us all continue the national conversation about children and young people’s mental health. Along with their parents and carers, they deserve the quality of mental health services and ready access to information to make their own decisions about the support and treatment they need.

In tandem with our work on suicide prevention there is much to be positive about in our national pursuit of better mental health. These are firm foundations on which to build better services for future generations – but whatever happens, the most important thing we must all do is keep talking.
The Children’s Society, 2 November 2016

**Children forced to wait months for mental health treatment**

Children with serious mental health problems are being forced to wait up to five months to get help as services struggle to cope with rising demand, a report by The Children’s Society reveals today.

The report, *Access Denied – A Teenager’s Pathway through the Mental Health System*, based on Freedom of Information responses from mental health trusts across England, finds that children and young people are made to wait, on average, 66 days for an initial assessment by specialist mental health services.

But in some areas waits for conditions including severe depression and anxiety, self-harm, eating disorders and psychosis, stretch to 140 days – almost five months. By contrast, there are six-week targets in place for many physical health conditions.

Although waits for children aged 10-17 are improving in some areas, and have improved slightly overall in the past year, almost a third (31%) of providers reported an increase in waiting times for so-called Tier 3 Children and Adolescent Mental Health Services (CAMHS) between 2013/14 and 2014/15.

Delays may be associated with increases in young people seeking help. Referral rates to specialist mental health services for children and young people rose by more than 40% between 2003 and 2010, research by Durham University found. In the last year around 200,000 children have been referred for specialist support.

The Government has recently pledged to introduce new access and waiting time standards for young people dealing with eating disorders by April 2016 – but not for other mental health problems, including those related to abuse or neglect.

The Children’s Society’s report also reveals that one third of children and teenagers referred to specialist services (31%) are failing to access specialist help altogether – 16% are being passed on to a lower-level service while 15% (equivalent to 30,000 young people across the country) are being turned away without getting any other support.

It means that many young people may never have their needs addressed and are likely to reach crisis point.

Even children deemed to be vulnerable following experience of abuse, exploitation, neglect, violence or drugs problems are struggling to get help, with more than one in four (28%) young people referred being rejected or re-directed to lower-level services following an initial assessment.

One of the reasons why significant numbers of young people are being denied specialist support is the very high thresholds for accessing mental health services in particular areas, the report finds.
Worryingly, some trusts are turning away vulnerable young people who need to access mental health services as a result of abuse or neglect. The Children’s Society is deeply concerned that trusts are failing to fulfil their duty to meet the health needs of young people and to protect them from harm.

The rigidity of the referral system also means that organisations like The Children’s Society, which delivers extensive and sometimes long-term support to young people experiencing serious mental health problems, are often not allowed to refer young people to specialist mental health services, because referrals have to come from GPs or local authority children’s services. In this way young people may miss out.

The Children’s Society is calling for new standards on access and waiting times for all mental health conditions. It is also calling on the Department of Health to set out clearly, in national statutory guidance, the rights of young people to receive different levels of support for various conditions, as well as stating which cases should be fast-tracked, to tackle the postcode lottery of treatment.

Part of the £1.25bn recently committed to Children and Adolescent Mental Health Services (CAMHS) must be ring-fenced for investment by local areas in early intervention and specialist services, including targeted support for vulnerable older teenagers and victims of child sexual exploitation, who are too often overlooked.

Matthew Reed, Chief Executive of The Children’s Society, said: “Too many young people are struggling to access the support they need to overcome mental health problems.

“Children who are referred to specialist services for help with serious mental health conditions often need urgent support to prevent a problem from becoming a crisis. What they are getting at the moment, too often, is rejection, confusion and delay.

“Access to mental health support for even the most vulnerable teenagers – including victims of sexual exploitation – is patchy, in part because of a lack of clear national guidance on how they should be helped.

“This needs to change and we urge Government and health trusts to work together, alongside charities like ours on the frontline, to do more to help young people in their time of need.”

Psychologist Linda Papadopoulos said: “Young people need help at the right time to stop mental health problems worsening and continuing into adulthood. In the most extreme cases, not getting help early enough can lead to children taking their own lives. The fact young people are being forced to wait months for support, and are often being turned away completely, shows just how urgently action is needed.”

Notes to Editors:

• The full report is available here.
• Specialist mental health services are known as CAMHS (Tier 3) services. They provide a range of support for young people with more severe, complex and persistent needs. Professionals who provide the services may include therapists, psychotherapists, psychologists, social workers and Youth Offending Teams. They are normally commissioned by Clinical Commissioning Groups and are often based in the local community. In most areas, only those professionals formally working with the young person such as their GP, school or social services can make referrals into these services.

• The Children’s Society’s report is based on responses to Freedom of Information requests sent to 36 mental health trusts in England. The data covers the 2014/15 financial year.

• More information about The Children’s Society’s policies on mental health can be found in our discussion paper, Children’s Mental Health: Priorities for Improving Children and Adolescent Mental Health Services in England, available here: http://www.childrenssociety.org.uk/what-we-do/resources-and-publications...

• The Children’s Society is a national charity that runs local services, helping children and young people when they are at their most vulnerable, and have nowhere left to turn. We also campaign for changes to laws affecting children and young people, to stop the mistakes of the past being repeated in the future. Our supporters around the country fund our services and join our campaigns to show children and young people they are on their side.

The Patient Association, **Press Release: Children’s Mental Health**, 7 July 2015

‘Children’s mental health must be protected or the consequences will condemn a generation of young people to a life of misery’

While one in 10 children and young people has a treatable mental illness just one in four receives treatment

Treatment for children with mental health could get worse instead of better due to the continual reduction of funds for children’s mental health, warns Paul Burstow, the former Care Minister and architect of Government reforms. Mr Burstow has advocated a joined up approach interlinking all departments together to think and act on mental health, the cross-government approach is vital to protect mental health services. Furthermore, Mr Burstow has accused former Education secretary Michael Gove of downgrading the significance of child mental health support in schools despite a rise in pupil’s mental illness.

Katherine Murphy, Chief Executive of the Patients Association said today:

“The Government must provide assurances and adequate provisions that money will be available for mental health services, particularly if it will help children for the long term. Mental Health in early years is far
too important to be ignored and policymakers need to understand that the problem will grow as the children grow into adults with more severe needs. Despite the Government cuts, mental health should have parity of esteem with physical health including parity of resources and outcomes and must be protected and promoted in a joined up health and social care system with patient care at the heart of it.”

Notes for Editors

The Patients Association is an independent national health and social care charity established over 52 years ago, and has a long history of campaigning to ensure that the voice of patients is heard within the Health and Social care system.

Deputy Prime Minister's Office, The Rt Hon Nick Clegg MP and The Rt Hon Norman Lamb, 18 March 2015

Deputy PM announces billion pound boost over 5 years for children's mental health services

Nick Clegg has secured £1.25 billion of new funding as part of today's budget to help children and new mothers with mental health issues.

Over a 5-year period, the money will help treat 110,000 more children and provide rapid access to mental health treatment for new mothers.

With 3 children in every classroom having a diagnosed mental health condition, the Deputy Prime Minister has hailed the changes as “a seismic shift to revolutionise children’s mental healthcare”.

As part of the package, the first ever access and waiting time standards for children’s mental health will be introduced and specialists in children’s talking therapy will be available in every part of the country by 2018. The funding will also extend access to services for children under 5 and those with autism and learning disabilities.

Deputy Prime Minister Nick Clegg said:

There would be an outcry if a child with diabetes was left to cope without support or treatment. But that’s exactly what’s been happening with young people’s mental health services.

I have heard, time and again, harrowing stories from young people and their families about how they suffered and their condition deteriorated waiting to get the right treatment for serious mental health problems.

That’s why I am determined to start a seismic shift to revolutionise children’s mental healthcare and end this unacceptable injustice.

By introducing access and waiting time standards and committing to talking therapies for children in every region, we are helping to build a fairer society where young people can get the right treatment and support they deserve to live a better life.
Care and Support Minister, Norman Lamb, said:

I am delighted with this investment in what is truly a ground-breaking moment for mental health. Mental illness can be devastating for young people and their families, and there is both a moral and an economic case for ensuring they get the best possible care at the right time.

Last year, I appointed experts to advise on how we can fundamentally modernise children’s mental health services – this funding will be an essential boost to the new proposals, which we will publish shortly.

The funding announced will also ensure increased support and treatment for all women experiencing mental health issues during pregnancy or in the months after giving birth.

This will include rapid access to inpatient mother and baby services close to home in cases where the mother is very ill, as well as care from specialist community perinatal mental health teams and access to community-based psychological therapy.

Nick Clegg said:

One in 10 women experience mental health problems during pregnancy and the first year after childbirth but for far too long many have been subjected to a second-class mental health service.

It is terrifying to think that in this day and age some new mothers are having to travel miles for treatment and others are even being separated from their newborn child. This has to stop.

This funding will make sure they get the treatment and support they need so they in turn can give their children the best possible start in life.

Simon Stevens, Chief Executive of NHS England, said

Today our campaign for NHS mental health services gets an important boost. This much needed investment will kick-start a multi-year upgrade in care for younger people and their families. NHS nurses, therapist and doctors will use this funding to benefit families in every part of the country.

**Funding for children’s mental health**

The funding will help children and young people with conditions like:

- self-harming
- depression or anxiety – some are so affected they are not even going to school
- at risk of suicide
- conduct disorder – including those at risk of exclusion from school

The kind of help they will get includes:

- therapy sessions
- parenting support for their families
- group work
- more evidence-based therapies and better trained clinicians
- care closer to home and in their communities (e.g. local cafes, youth centres, shopping centres)
• help via websites and apps
• more control over their care
• services will be better organised with routine collection of data and recovery rates

Previous government investment in young people’s mental health services includes:

• £7 million in new beds for children and young people, as well as more case managers to make sure they are cared for in a suitable environment
• £150 million over the next 5 years to help young people deal with issues like self-harm and eating disorders
• the introduction of a new waiting time standard, backed by £33 million, to make sure young people with psychosis get prompt treatment
• we have invested £54 million into improving access to psychological therapies for children and young people

Mental health statistics:

• 1 in 10 children and young people aged between 5 and 16 suffer from a diagnosable mental health disorder – that’s around 3 children in every class
• between 1 in every 12 and 1 in 15 children and young people deliberately self-harm
• there has been a big increase in the number of young people being admitted to hospital because of self-harm – over the last 10 years this figure has increased by 68%
• more than half of all adults with mental health problems were diagnosed in childhood. Less than half were treated appropriately at the time
• nearly 80,000 children and young people suffer from severe depression
• more than 8,000 children aged under 10 years old suffer from severe depression
• 72% of children in care have behavioural or emotional problems – these are some of the most vulnerable people in our society
• 95% of imprisoned young offenders have a mental health disorder, and many of these are struggling with more than one disorder
• the number of young people aged 15 to 16 with depression nearly doubled between the 1980s and the 2000s, while the proportion of young people aged 15 to 16 with a conduct disorder more than doubled between 1974 and 1999
• maternal perinatal depression, anxiety and psychosis together carry a long-term cost to society of about £8.1 billion for each 1-year cohort of births in the UK
4. Parliamentary coverage

4.1 Parliamentary Questions

Young People: Self-Harm

Asked by: Lord Rennard

My Lords, over half of all adults with mental health problems first had them diagnosed in childhood, yet fewer than half of those people diagnosed in childhood were treated appropriately at the time. Does not the Minister think that something is seriously wrong when, according to the Royal College of Psychiatrists, 25 clinical commissioning groups are spending less than £25 a year on child mental health issues and 10 CCGs are spending less than £10 a year?

Answered by: Lord Prior of Brampton

My Lords, I think something is seriously wrong, and something has been seriously wrong since 1948. Mental health has been a Cinderella service, and children's mental health has been, if anything, even worse. We are committed to spending an extra £1.4 billion; we are spending more money on mental health liaison services in A&E departments; and we are putting in 56 new beds in CAMHS units to prevent the out-of-area treatments or what have you. But we have a huge way to go, frankly.

06 Dec 2016 | Oral questions - Supplementary | House of Lords | 777 c599

Mental Health: Children and Adolescents

Asked by: Baroness Tyler of Enfield

My Lords, I thank the Minister for his response. Does he agree with one of the key recommendations of the commission’s report that schools, if properly funded and supported, have the potential to make a really big difference to improving children’s mental health, not least because children spend one-third of their time in school? Linked to this, does he also agree that the proposed Prime Minister’s challenge on children’s mental health should incorporate this strong focus on schools?

Answered by: Lord Prior of Brampton

My Lords, when I read the noble Baroness’s paper over the last couple of days, I thought the part about schools was the most persuasive. School is clearly critical. The pilot project being done by the Department of Health and the Department for Education, trialling the single point of contact in schools, is very important, as is the PSHE guidance on teaching about mental health at the four key stages of education.

16 Nov 2016 | Oral questions - 1st Supplementary | House of Lords | 776 c1417

Children: Mental Health

Asked by: Vaz, Valerie
To ask the Secretary of State for Health, with reference to the Answer of 21 July 2016 to Question 42766, whether he has accepted the recommendation of the independent Mental Health Taskforce in its report published in February 2016 to bring together an expert group to examine the needs of children who are particularly vulnerable to developing mental health problems, including those with long-term conditions.

Answered by: Nicola Blackwood | Department: Department of Health

The Government has accepted the recommendations set out in the Mental Health Taskforce report including the recommendation that: “The Departments of Education and Health should establish an expert group to examine the needs of children who are particularly vulnerable to developing mental health problems and how their needs should best be met, including through the provision of personalised budgets.” The focus of the group that has been set up, which met for the first time in July, is on looked after and adopted children and care leavers, all of whom are considered particularly vulnerable to mental health problems.

There are currently no plans to set up any other group to look into the needs of children who are vulnerable.

08 Sep 2016 | Written questions | House of Commons | 45031
Topical Questions

Asked by: Norman Lamb

There is growing concern that the additional investment in children’s mental health services committed last year is not getting through to where it is intended. What will the Secretary of State do to guarantee that that money gets through to help children with mental health needs? It would be scandalous if it did not get through. Transparency is not enough.

Answered by: Alistair Burt | Department: Health

I thank the right hon. Gentleman for all the work he did in relation to this. I can assure him that the £1.25 billion committed in the 2015 Budget will be available during the course of this Parliament. As I said to the hon. Member for Liverpool, Wavertree (Luciana Berger), it is absolutely essential to me and to us that we make sure that that money does get through to CCGs. The regime will be more transparent, but there will be a determination to expose it to make sure that the money is spent on child and adolescent mental health services, as it needs to be.

10 May 2016 | Topical questions - Supplementary | House of Commons | 609 c536

Pupils: Mental Health

Asked by: Chapman, Jenny

To ask the Secretary of State for Education, what assessment she has made of the effect of Child and Adolescent Mental Health Services on
the health, wellbeing and performance of young people in schools and colleges.

**Answered by:** Mr Sam Gyimah | **Department:** Department for Education

We want children to do well academically. Attainment is supported if students have good health and mental wellbeing and when they have access to specialist mental health services where they need it.

The Government is investing an additional £1.4bn in children’s mental health this Parliament. Clinical Commissioning Groups (CCGs) across the country have worked with partners, including schools and colleges, to produce local transformation plans for children and young people’s mental health services. These should set out what will be done locally to make the best use of the resources available—changing how child and adolescent mental health services (CAMHS) are delivered in response to the challenges set out in the Future in Mind report and increasing the focus on preventative activity. NHS England has put the plans through an assurance process before releasing funds and is carrying out an analysis of plans to identify practice that can be shared to inform future planning.

In addition we have contributed to a £3m joint pilot with NHS England which is testing how single points of contact in CAMHS and schools can secure effective mental health support to pupils. The pilots are involving over 250 schools in 27 CCG areas through joint training, which supports schools and CAMHS leads to identify specific activity to improve support in their area.

The Department of Health has commissioned a new survey into the prevalence of mental health conditions in children and young people in England, the first since 2004. They expect this to be published in 2018.

27 Apr 2016 | Written questions | House of Commons | 34608

**Children and Young People’s Mental Health Services**

**Asked by:** Luciana Berger

Earlier this month, school and college leaders reported a large rise in the number of students suffering from anxiety. Two thirds said that they struggle to get mental health services for their pupils, and of those who had referred a student to child and adolescent mental health services—CAMHS—the majority rated them as “poor” or “very poor”. Despite the Minister’s warm words, things are getting worse, not better. Will he confirm that every single penny promised to children’s mental health will reach those services and that none of this money will be used to plug the gap in hospital budgets?

**Answered by:** Alistair Burt | **Department:** Health

Following long and frank conversations between myself, the NHS and the Treasury, I can give the hon. Lady that assurance—every penny of that £1.4 billion pledged in the 2015 Budget for CAMHS and for eating disorders will be spent on children’s mental health by the end of this Parliament. It is not fair for her constantly to say that nothing is going
The first tranche of money—that £173 million—is being spent: £75 million to the clinical commissioning groups; £30 million to tackle eating disorders; £28 million for the expansion of children’s IAPT—improving access to psychological therapies—services; £15 million for perinatal services; and £25 million to address other issues involving training. That is money already committed and it is being spent now. The problems that she mentions are a high priority and are being plugged.

22 Mar 2016 | Oral questions - Supplementary | House of Commons | House of Commons | 607 c1365

Mental Health Services: Children and Young People

Asked by: Lewis, Mr Ivan

To ask the Secretary of State for Education, what steps she is taking to tackle the level of mental illness among primary and secondary school children.

Answered by: Mr Sam Gyimah | Department: Department for Education

We have high aspirations for all children and want them to be able to fulfil their potential both academically and in terms of their mental wellbeing. This attainment is best supported if they have good mental health, character and resilience. Schools can play an important role in promoting good mental wellbeing and in responding to issues that arise.

To support them in doing this we have funded the PSHE Association to provide guidance and lesson plans which support age-appropriate teaching of mental health issues. We have also revised and updated our counselling guidance for schools to include a section on vulnerable children and what schools may need to do to make counselling accessible to them.

The department recently launched activity to identify how to help young people help their friends to talk about mental health issues, including a call for evidence for stakeholders and children and young people. We also announced funding of up to £1.5m for projects to take this forward once the call for evidence is complete, including a new digital innovation fund to develop reliable, engaging and trusted advice online to help them understand both their own, and their friends’ mental health.

Schools need support from specialist services locally to ensure that pupils with mental illness get the support they need. That is why the Government is investing an additional £1.4bn in children’s mental health this Parliament. Clinical Commissioning Groups (CCGs) across the country have worked with partners, including schools and colleges, to produce local transformation plans for children and young people’s mental health services. These should set out what will be done locally to make the best use of the resources available – changing how CAMHS is delivered in response to the challenges set out in the Future in Mind report.
In addition we are contributing to a £3m joint pilot with NHS England which is testing how single points of contact in CAMHS and schools can secure effective mental health support to pupils. The pilots are involving over 250 schools in 27 CCG areas through joint training, which supports schools and CAMHS leads to identify specific activity to improve support in their area.

03 Mar 2016 | Written questions | House of Commons | 28513

**Mental Health Services: Children in Care**

**Asked by:** McCabe, Steve

To ask the Secretary of State for Health, what recent assessment he has made of the provision of mental health care services for children in the care system.

**Answering member:** Alistair Burt | **Department:** Department of Health

The Government has made no such central assessment. It is for local areas to consider and commission services based on the needs of their local population. Local transformation plans produced in each area of the country set out how they plan to meet the full spectrum of needs of children and young people with mental health problems including the needs of the most vulnerable, such as children in the care system.

At the Education Select Committee hearing on the mental health and wellbeing of looked-after children held on 3 February 2016, it was announced that the Department of Health and Department for Education will set up an Expert Group, working with NHS England, Health Education England, and sector partners, to develop care pathways to support an integrated approach to meeting the needs of looked-after children with mental health difficulties. By summer 2016 the expert group will be established to lead the development of models of care for looked-after children’s mental health. Members of this expert group will be drawn from across the health, social care and education sectors, with input from children, young people, carers and families with experience of the care system.

24 Feb 2016 | Written questions | House of Commons | 27342

**Mental Health Services: Children and Young People**

**Asked by:** Wollaston, Dr Sarah

To ask the Secretary of State for Education, what plans she has to extend the mental health and schools link pilot scheme to post-16 further education establishments.

**Answered by:** Edward Timpson | **Department:** Department for Education

The Department will make a decision on how to build on the outcome of the pilot once the training workshops have been delivered and the evaluation has been completed. This pilot is currently running in 27 Clinical Commissioning Group areas.
Officials are working with the Association of Colleges to ensure that effective links are being made between the pilot areas and their local colleges, so that they are involved in the development of shared protocols and longer term planning for the provision of children’s mental health services.

05 Feb 2016 | Written questions | House of Commons | 24763

**Mental Health Services: Children and Young People**

**Asked by:** Berger, Luciana

To ask the Secretary of State for Health, what steps he is taking to support children and young people who are referred to NHS Mental Health services but do not receive treatment as they did not meet the clinical threshold to quality for treatment at a Child and Mental Health Services centre.

**Answered:** Alistair Burt | **Department:** Department of Health

The Government is committed to transforming the support for children and young people’s mental health and wellbeing as set out by the vision in *Future in mind*. This includes both clinical services commissioned by the NHS, and the wider support on offer in a range of settings.

One of the first stages in achieving this vision is the implementation of Local Transformation Plans for children’s mental health and wellbeing developed by clinical commissioning groups (CCGs), together with their local partners. These Plans cover the full spectrum of mental health issues: from prevention and resilience building, to support and care for existing and emerging mental health problems, as well as transitions between services and addressing the needs of the most vulnerable.

This means that by 2020, local offers will be transformed so that the emotional welfare and mental health of children will be supported whether or not their mental health issues are clinically diagnosable. In many cases, by building resilience in schools or by early intervention, we hope to prevent the emergence of mental disorders.

01 Dec 2015 | Written questions | House of Commons | 18009

**Mental Health Services: Children**

**Asked by:** Blenkinsop, Tom

To ask the Secretary of State for Health, what steps he plans to take to (a) reduce waiting times for children to receive an assessment for a mental health condition and (b) address the disparity between those waiting times across different NHS mental health trusts.

**Answered by:** Alistair Burt | **Department:** Department of Health

Waiting times are not currently collected centrally, however the Government accepts there is variation in waiting times and is committed to improving access and is introducing the first ever waiting time standards for mental health services.

These include an access and waiting time standard for Children and Young People with an Eating Disorder. This states that National Institute
Supporting children's wellbeing and mental health in a school environment

of Health and Care Excellence concordant treatment should commence within a maximum of four weeks from first contact with a designated healthcare professional for routine cases and within one week for urgent cases. Data collected in 2016 will help inform incremental percentage increases in compliance with the standard, with the aim of 95% of patients being treated within the standard's timescale by 2020.

We have also introduced an access and waiting times standard on Early Intervention in Psychosis announced in Mental health services: achieving better access by 2020 which came into force in April 2015. Whilst focused on all ages, most individuals experiencing a first episode of psychosis are in the 16-25 age group.

The setting of a blanket access and waiting time standard for children and young people’s mental health services is not feasible due to the wide range of conditions, services and care pathways this covers. However, NHS England will be working with partner organisations to lead work on the development of further access and waiting time standards for children’s mental health as part of the transformation programme on children and young people’s mental health.

At a local level, clinical commissioning groups (CCGs) have worked with local partners to produce Local Transformation Plans for children and young people’s mental health and wellbeing that will set out how they will improve support for children and young people in line with the vision in Future in mind. In addition, CCGs have legal duty to consider the need to reduce inequalities in access to, and outcomes from healthcare services, and we would expect commissioners to have due regard to waiting times as part of this.

The new Mental Health Services Dataset will begin from January 2016, to provide data for both adults and children on outcomes, length of treatment, the source of referral, location of appointment and demographic information.

23 Nov 2015 | Written questions | House of Commons | 16909
Mental Health Services: Children and Young People

Asked by: Berger, Luciana

To ask the Secretary of State for Health, what progress has been made in preparation for the introduction of waiting time targets for child and adolescent mental health services; and when he plans for those waiting times to come into effect.

Answering member: Alistair Burt | Department: Department of Health

The setting of a blanket waiting time target for children and young people’s mental health is not feasible due to the wide range of conditions and services this covers, all with very different care pathways. However, we are introducing the first ever waiting time standards for mental health services.

These include an access and waiting time standard for Children and Young People with an Eating Disorder. This states that National Institute
of Health and Care Excellence concordant treatment should commence within a maximum of four weeks from first contact with a designated healthcare professional for routine cases and within one week for urgent cases. In cases of emergency, the eating disorder service should be contacted to provide support within 24 hours. The ability of services to meet this standard will be monitored in 2016. From 2017, NHS England will set a minimum proportion of young people referred for assessment or treatment that are expected to receive treatment within the standard’s timeframe. Data collected in 2016 will help inform incremental percentage increases, with the aim of 95% of patients being treated within the standard’s timescale by 2020.

We have also introduced an access and waiting times standard on Early Intervention in Psychosis announced in Mental health services: achieving better access by 2020 which came into force in April 2015. Whilst focused on all ages, most individuals experiencing a first episode of psychosis are in the 16-25 age group.

NHS England will be working with partner organisations to lead work on the development of further access and waiting time standards for children’s mental health as part of the transformation programme on children and young people’s mental health.

20 Nov 2015 | Written questions | House of Commons | 16650
Mental Health Services

Asked by: John Howell

Colleagues have rightly pointed to the impact of mental health on the children themselves, but children’s mental health problems also impact on the family as a whole. Will the Secretary of State explain what we are doing in that respect?

Answered by: Nicky Morgan | Department: Education

The hon. Gentleman is absolutely right to say that when somebody in a family, particularly a younger person, is struck with mental ill health, it affects the whole family. That is why funding through the voluntary and community sector programme and organisations such as Mind and Place2Be, as well as the MindEd website, which provides resources for parents, are important. I strongly encourage any parents who are worried about the mental health of their children to have an early conversation with people in their schools, including headteachers and teachers, so that they can then make the referrals.

26 Oct 2015 | Oral questions - Supplementary | House of Commons | 601 c8
UN Convention on the Rights of the Child

Asked by: Howlett, Ben

To ask the Secretary of State for Education, what steps she is taking to implement Article 31 of the UN Convention on the Rights of the Child so that it supports childrens’ mental health.
Supporting children’s wellbeing and mental health in a school environment

Answering member: Edward Timpson | Department: Department for Education

The Government remains committed to giving due consideration to Articles set out in the UNCRC through new policy and legislation. Article 31 refers to the right to relax and play and to join in a wide range of cultural, artistic, and other recreational activities. Play and relaxation are important for children’s mental wellbeing. As such, we believe that it is important for all children to have access to a wide range of such recreational activities.

The Children Act 1989 and associated guidance place duties on a range of organisations, including schools, to safeguard and promote the welfare of children. All schools should create a happy and supportive environment through a broad and balanced curriculum. They have a responsibility to ensure that all children have access to high-quality arts and cultural education. Pupils also have to study drama, as part of the English curriculum, and dance, as part of the PE curriculum.

Our guidance to schools on mental wellbeing, in particular the guidance on school-based counselling published in March, emphasises that support works best within a whole school approach to mental health and wellbeing. This includes a healthy approach to play and relaxation, as set out in Article 31.

In addition the Government has:

• Invested over £460 million between 2012 – 2016 in a diverse portfolio of music and arts education programmes to improve access to the arts for all children;
• Invested £5 million to fund projects in schools to help young people develop positive character traits, recognising excellent practice through the Character Awards and supporting research into what works best;
• Provided £4.7 million to voluntary and community sector (VCS) projects delivering support to children and young people with mental health issues;
• Committed to boosting children’s health, confidence and self-esteem through sport; for example, backing Sport England’s £1 billion investment in the youth and community strategy over 5 years;
• Guaranteed a place on National Citizen Service for all 16-17 year olds, which has already targeted 100,000 teenagers; and
• Invested £100 million in the Children’s Social Care Innovation Programme – which has seen a number of successful bids aimed at supporting children’s mental health.

22 Oct 2015 | Written questions | House of Commons | 11821

Mental Health Services: Children and Young People

As asked by: Lamb, Norman

To ask the Secretary of State for Health, what progress his Department has made in deploying the first tranche of the £1.25 billion announced in the March 2015 Budget for children and young people’s mental health services.
£1.25 billion has been made available for children’s mental health over the course of this Parliament.

We, and local areas, along with our partner organisations including the Department for Education, are building on the momentum and powerful consensus generated by *Future in Mind*, the report on the work of the Children and Young People’s Mental Health Taskforce.

We are making progress and are committed to taking forward both the ambition and individual proposals, backed by the additional investment. We are developing a central programme plan with a phased approach to implementation. Action underway includes:

- Work to extend and expand the Children and Young People’s Access to Psychological Therapies Programme, so that by 2018, all local services will have participated in this transformative programme and it will cover additional clinical areas;

- The commissioning of a new prevalence survey on mental health problems in children and young people;

- Local areas have been invited to pilot joint training between schools and children and young people’s mental health services providers, to strengthen the mental health advice and support available in educational settings;

- Improved services for perinatal mental health and eating disorders, both of which are being addressed through work this year; and

- Plans for legislation to prevent any child or young person being put in a police cell as a place of safety during a mental health crisis.

In May 2015, NHS England wrote to all clinical commissioning groups (CCGs) asking them to work with their partners from across the NHS, public health, local authority, youth justice and education sectors to develop local Transformation Plans for children’s mental health and wellbeing to reshape the way services for children and young people with mental health needs are commissioned and delivered across all agencies over the next five years in line with proposals put forward in *Future in Mind*.

NHS England will shortly be publishing guidance, developed with partners across the system, to CCGs on local Transformation Plans for children and young people’s mental health, in line with the proposal in *Future in Mind*.
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20 Jul 2015 | Written questions | House of Commons | 7438

Mental Health Services: Children and Young People

As asked by: Lamb, Norman

To ask the Secretary of State for Health, what progress he has made on plans to require local authorities, clinical commissioning groups and other partners to develop transformation plans to implement the
recommendations of the report of the Children and Young People’s Mental Health Taskforce.

**Answering member:** Alistair Burt | **Department:** Department of Health

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20 Jul 2015 | Written questions | House of Commons | 7437
4.2 Debates

**Health: Parity of Esteem**
HL Debate | 28 Nov 2016 | 777 cc64-84

**Social Media and Young People's Mental Health**
HC Debate | 02 Nov 2016 | 616 cc425-444WH

**Young People’s Mental Health**
HC Debate Parliamentary proceedings | 27 Oct 2016 | 616 cc460-520

**Mindfulness in Schools**
HC Debate | 06 Sep 2016 | 614 cc110-9WH

**Mental Health Taskforce Report**
HC Debate | 13 Apr 2016 | 608 cc118-141WH

**Mental Health Services in Schools and Colleges**
HL Debate | 09 Jul 2015 | 764 cc324-337

**Mental Health: Young People**
HL Debate | 30 Jun 2015 | 762 cc2001-2015

**Child and Adolescent Mental Health Services**
HC Debate | 03 Mar 2015 | 593 cc883-917

**Child and Adolescent Mental Health Services**
HC Debate | 02 Feb 2015 | 592 cc24-35
5. Further Reading

Education Policy Institute, Progress and challenges in the transformation of children and young people's mental health care, August 2016

IPPR, Education, education, mental health: Supporting secondary schools to play a central role in early intervention mental health services, May 2016.


CentreForum, Children and Young People’s Mental Health: State of the Nation, April 2016


Children and Mental Health - Lords Library briefing, 4 November 2015

Department of Health, Future in Mind: promoting, protecting and improving our children and young people's mental health and well being, March 2015
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