



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

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One in four people on average experience a mental health problem, with the majority of these beginning in childhood. A report by the Chief Medical Officer in 2014 found that 50 per cent of adult mental health problems start before the age of 15 and 75 per cent before the age of 18.

The Government has committed to improving mental health for children and young people, as part of their commitment to achieving parity of esteem between physical and mental health, and to improving the lives of children and young people. The Government's 2011 Mental Health strategy, *No Health without Mental Health*, pledged to provide early support for mental health problems, and the Deputy Prime Minister's 2014 strategy, *Closing the Gap: priorities for essential change in mental health*, included actions such as improving access to psychological therapies for children and young people. The Department of Health and NHS England have established a Children and Young People's Mental Health and Wellbeing Taskforce which reported in March 2015 and set aspirations for driving tangible improvements in services by 2020.

There has also been a drive to improve the provision of mental health support in schools. In June 2014, the Department for Education published guidance for schools on identifying and supporting pupils who may have mental health problems. The Department of Health is also developing advice for schools on securing high-quality counselling, which is expected in spring 2015. There have been calls for teaching on mental health to be introduced as a mandatory subject on the national curriculum – it is currently included in the guidance for non-statutory PSHE. Following a consultation, the Department of Education confirmed mental health teaching would remain optional to give schools flexibility.

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1 Government policy on children and young people's mental health

The Government's 2011 Mental Health strategy, *No Health without Mental Health*¹ set out the Government's plan to improve mental health outcomes for people of all ages. The foreword stated that:

By promoting good mental health and intervening early, particularly in the crucial childhood and teenage years, we can help to prevent mental illness from developing and mitigate its effects when it does.

The *Implementation Framework*² for this strategy, published in July 2012, described how different bodies, such as schools, employers and local authorities, should work together to support people's mental health. It recommended that schools promote children and young people's wellbeing and mental health.

In January 2014, the Government published *Closing the Gap: priorities for essential change in mental health*.³ This outlined areas for immediate change to improve mental health care, including specific commitments for children and young people:

- There will be improved access to psychological therapies for children and young people across the whole of England, so that early access to treatment is available. The government has invested in a psychological therapies programme for children and young people, and aims for this to be available throughout England by 2018.⁴
- Schools will be supported to identify mental health problems sooner through guidance published from the Department of Health. A new Special Education Needs (SEN) Code of Practice will also provide statutory guidance on identifying and supporting children and young people with mental health problems who have a special education need.⁵

In July 2014, the Minister for Care Services, Norman Lamb, announced a Taskforce to examine how to improve child and adolescent mental health services and ways of accessing help and support.⁶ The Children and Young People's Mental Health and Wellbeing Taskforce was co-chaired by the Department of Health and NHS England and included people who use, or have used, child and adolescent mental health services. The group's report, published in March 2015, set a series of aspirations the Government wishes to see by 2020. The aspirations included tackling stigma and improving attitudes; ensuring children and young people have timely access to mental health services; integrating services around the needs of individuals; making mental health service more visible and easily accessible; and improving care for children and young people in crisis.⁷

¹ Department of Health, *No Health without Mental Health; A cross-government mental health outcomes strategy for people of all ages*, February 2011

² Department of Health, *No Health without Mental Health: Implementation Framework*, July 2012

³ Department of Health, *Closing the Gap: Priorities for essential change in mental health*, February 2014

⁴ Department of Health, *Closing the Gap: priorities for essential change in mental health*, February 2014, page 15

⁵ Department of Health, *Closing the Gap: priorities for essential change in mental health*, February 2014, page 25

⁶ "Youth mental health care 'in dark ages' says minister, BBC, August 2014

⁷ Department of Health and NHS England, *Future in Mind: promoting, protecting and improving our children and young people's mental health and wellbeing*, 17 March 2015

In August 2014, Sam Gyimah, in his capacity as Minister for Childcare, was formally give the role of strengthening Department for Education links with child and adolescent mental health services (CAMHS).⁸

In November 2014, the Government announced the development of a new vision for schools, which will focus on mental health. Sam Gyimah reported that the Department for Education will be working with the PSHE Association to support schools to teach pupils about mental health and tackle stigma among peers. The Government will also be introducing a blueprint for counselling services in schools.⁹

In October 2014, the Government announced the first waiting time standards for mental health services, to bring waiting times for mental health in line with those for physical health. From April 2015, people are guaranteed talking therapy treatment within 6 weeks, with a maximum wait of 18 weeks. For individuals experiencing a first episode of psychosis, access to early intervention services will be available within two weeks.

The Government have stated that their ambition is for access and waiting times standards to be implemented for all mental health services by 2020. With regards to waiting time standards for children and young people, in December 2014 Norman Lamb said:

The vision is for comprehensive standards to be developed over the coming years for all ages, including for children and young people. Where adult IAPT services are commissioned to provide a service to 16 and 17 year olds, the new waiting time standard will apply.¹⁰

In December 2014, the Government also announced five year funding of £150m for investment in children and young people's eating disorder services.¹¹ This funding package will allow the development of waiting time standards for eating disorders from 2016.¹²

In February 2015, the Secretary of State for Education, Nicky Morgan, announced an investment of £8.5 million for new schemes to provide families with mental health support and support early intervention for young people¹³.

In the March 2015 Budget, the Chancellor of the Exchequer announced £1.25 billion of additional investment in mental health. £1 billion will be provided over the next five years to start new access standards for children and adolescent services, which the Government anticipates will see 110,000 more children cared for over the next Parliament. The Government has also committed to investing £118 million by 2018-19 to complete the roll-out of the Children and Young People's IAPT programme, to ensure talking therapies are available throughout England. Alongside this, £75 million will be provided between 2015 and 2020 to provide perinatal and antenatal mental health support for women. The Department for Education will also invest £1.5 million to pilot joint training for designated leads in CAMHS

⁸ Children and Young People Now, [Gyimah handed role to strengthen children's mental health services](#), 15 August 2014

⁹ Department for Education, [Fresh approach to school mental health support](#), 20 November 2014

¹⁰ [PQ 217112 \[on mental health services: children\]](#), 10 December 2014

¹¹ Gov.uk, [Deputy PM announces £150m investment to transform treatment for eating disorders](#), 2 December 2014

¹² [HC Deb 3 March 2015 c915](#)

¹³ Gov.uk, [Nicky Morgan speaks at Early Intervention Foundation conference](#), 12 February 2015

services and schools to improve access to mental health services for children and young people.¹⁴

The Government has also recently committed to commissioning a new prevalence survey of children and young people's mental health.¹⁵ The Department of Health anticipates the publication of the survey's findings in 2017.¹⁶

2 Mental health services for children and young people

2.1 Child and adolescent mental health services (CAMHS)

Child and adolescent mental health services (CAMHS) are provided through a network of services which include universal, targeted and specialist services, organised in 4 tiers;

- Universal services such as early years services and primary care (Tier 1 CAMHS)
- Targeted services such as youth offending teams, primary mental health workers, and school and youth counselling (including social care and education) (Tier 2 CAMHS)
- Specialist community CAMHS (Tier 3 CAMHS)
- Highly specialist services such as inpatient services and very specialised outpatient services (Tier 4 CAMHS).¹⁷

The Government has committed to improving CAMHS services. In response to a PQ in September 2013, the Parliamentary Under Secretary of State for Children and Families, Edward Timpson, said:

The Government are helping children and young people access good mental health services through the Improving Access for Psychological Therapies (IAPT) programme, which is the responsibility of NHS England. The Department of Health have funded Children and Young People's IAPT with £54 million, and underlined that commitment by emphasising the importance of children and young people's mental health through the NHS Mandate. This will encourage local clinical commissioning groups to invest in children and adolescent mental health services (CAMHS).¹⁸

In July 2014, NHS England published a report on Tier 4 CAMHS services. NHS England took on responsibility for the national commissioning of Tier 4 services in April 2013, and the report assessed the current provision of services and areas for improvement since national commissioning began. The report found that distribution of Tier 4 services is not even across the country; in some areas of the country inadequate provision of inpatient services means that children and young people are admitted to services a long way from home. The report also found evidence of people being admitted inappropriately to CAMHS inpatient services, due to a lack of lower level community provision.¹⁹

¹⁴ HM Treasury, [Budget 2015](#), March 2015, pages 59-60

¹⁵ [PQ 221804 \[on Mental Illness: Children\]](#), 27 January 2015

¹⁶ Health Committee, [Children's and adolescents' mental health and CAMHS: Government Response to the Committee's Third Report of Session 2014-15](#), 10 February 2015, HC 1036, para 8

¹⁷ The [Department of Health](#) website (archived pages) provides a brief overview of children and adolescent mental health services (CAMHS). The [Youngminds](#) website also provides advice for children and young people and parents about CAMHS.

¹⁸ [HC Deb 2 Sep 2013: Column 65W](#)

¹⁹ NHS England, [NHS England takes action to improve access to specialised mental health services for children and young people](#), 10 July 2014

In response to its findings, NHS England committed to the following urgent actions to improve Tier 4 CAMHS provision:

Increase general CAMHS specialised beds for young patients – there will be up to 50 new beds around the country with further beds moved according to need;

Recruit 10 to 20 new case managers working across the country responsible for ensuring that young people receive appropriate levels of care;

Improve the way people move in and out of specialised care; with consistent criteria for admission and discharge, based on best practice²⁰

During a debate on child and adolescent mental health services in February 2015, Norman Lamb gave an update on implementing these recommendations:

In 2014, NHS England reviewed in-patient tier 4 CAMHS and found that the number of NHS-funded beds had increased from 844 in 1999 to 1,128 in 2006. That has now risen to more than 1,400 beds, the highest this has ever been. These data are now being collected nationally for the first time, but despite the overall increase, NHS England also found relative shortages in the south-west and areas such as Yorkshire and Humber.

In response, the Government provided £7 million of additional funding, allowing NHS England to provide 50 additional CAMHS specialised tier 4 beds for young patients in the areas with the least provision—46 of these beds have now opened. NHS England has also introduced new processes for referring to and discharging from services, to make better use of existing capacity. A key objective of these actions is to help prevent children and young people from being referred for treatment long distances from home, except in the most specialised cases.²¹

In September 2014 the Chief Medical Officer, Professor Dame Sally Davies, published a report on [Public Mental Health Priorities: Investing in the Evidence](#). The report highlighted that the majority of adult mental health problems begin in childhood. The Chief Medical Officer also explained that underinvestment in children and young people's mental health services does not make sense economically, as early treatments helps prevent costly problems later in life, including unemployment, crime and substance misuse.²²

2.2 Health Select Committee inquiry 2014

In February 2014, the House of Commons Health Select Committee launched an inquiry into children's and adolescent mental health services. The Committee stated that it had decided to undertake the inquiry in light of concerns about "the extent to which children and adolescents are affected by mental health problems and difficulties with gaining access to appropriate treatment".²³

The inquiry took evidence on:

- The current state of child and adolescent mental health services, including service provision, access and funding

²⁰ NHS England, [NHS England takes action to improve access to specialised mental health services for children and young people](#), 10 July 2014

²¹ [HC Deb 2 February 2015 c25](#)

²² Annual Report of the Chief Medical Officer 2013 [Public Mental Health Priorities: Investing in the Evidence](#), September 2014

²³ Health Select Committee, [Terms of Reference: Children's and adolescent mental health and CAMHS](#), 14 February 2014

- Trends in children's and adolescent mental health, including the impact of bullying and of digital culture
- Preventative action and public mental health

The Minister for Care Services, Norman Lamb, gave evidence to an inquiry session in July 2014. He stressed the Government's commitment to improving CAMHS services and raised concerns about funding:

Is it really rational that 6% of the mental health budget is applied to children and young people when we know that a very significant proportion of mental health problems start in the teenage years? ...I think there is overall a funding issue and I will, for as long as I have this job, fight for a better deal for mental health.²⁴

The Committee published its report in November 2014. The Committee concluded that "there are serious and deeply ingrained problems with the commissioning and provision of children's and adolescents' mental health services". The Committee reported key concerns around access to inpatient services; increased waiting times; high referrals thresholds; and many CCGs reporting have frozen or cut their budgets:

Providers have reported increased waiting times for CAMHS services and increased referral thresholds, coupled with, in some cases, challenges in maintaining service quality. In the view of many providers, this is the result of rising demand in the context of reductions in funding. Not all services reported difficulties—some state that they have managed to maintain standards of access and quality—but overall there is unacceptable variation

[...]

Young people and their parents have described "battles" to get access to CAMHS services, with only the most severely affected young people getting appointments; they also described the devastating impact that long waits for treatment can have. Even amongst those providers implementing quality and efficiency improvement programmes there was concern that improvements were being stalled or even reversed because of increasing demand and reduced funding.²⁵

The Government's response to the Committee's report was published in February 2015. The Government stated that it accepts the Committee's view that more needs to be done to drive improvements in standards for children and young people's mental health services.²⁶

The Government highlighted that many of the Committee's recommendations were being considered by the taskforce on children and young people's mental health. This includes work on areas such as increasing collaborative commissioning; ways of incentivising investment in early intervention and community services and improving data on children and young people's mental health services.

2.3 Use of police-cells as "places of safety"

Section 136 of the *Mental Health Act 1983* provides that the police may remove someone from a public place who they believe is suffering from a mental disorder to a place of safety,

²⁴ Health Select Committee, [Children's and adolescents' mental health and CAMHS](#), 15 July 2014, HC 342 2014-15, Q387

²⁵ Health Select Committee, [Children's and adolescents' mental health and CAMHS](#), HC 342 2014-15, page 5

²⁶ Health Committee, [Children's and adolescents' mental health and CAMHS: Government Response to the Committee's Third Report of Session 2014-15](#), 10 February 2015, HC 1036, para 78

in the interests of that person or for the protection of other persons. Section 135 of the *Mental Health Act 1983* defines “places of safety”, of which one option is a police cell.

In its inquiry on CAMHS, the Health Committee also expressed particular concern about the practice of young people being detained under Section 136 of the *Mental Health Act 1983* in police cells, which often arises due to a lack of appropriate health-based places of safety and inpatient beds.²⁷ The *Crisis Care Concordat*, published in February 2014, also set a commitment to end the practice of children going into police cells.²⁸

In February 2015, the Home Affairs Committee published its report on [Policing and mental health](#). The Committee recommended that the specific reference to a police station should be removed from the definition of “places of safety” in Section 135 of the *Mental Health Act 1983*.²⁹ The Committee also advocated an absolute ban on detaining children in police cells as a place of safety,³⁰ and reported that some areas of the country do not currently have health-based places of safety for people under 16.³¹

In the Government’s response to the Health Committee’s report on CAMHS in February 2015, it stated that it is considering a change in law to ensure that police cells are not regularly used as places of safety:

Children suffering mental health crisis must be placed into an appropriate safe setting and the Government strongly agrees that it is not acceptable for police stations to be routinely used for children and young people, and is currently considering the need for legislative change.³²

3 Funding for CAMHS services

Concerns have been raised about levels of funding for CAMHS services.

Funding for CAMHS services was discussed during the Health Select Committee inquiry and the Committee received evidence from CAMHS providers and CCGs about reductions in funding. The Committee also found that many early intervention services, which provide support to children and young people before mental health problems become entrenched and more severe, are being cut or are suffering from insecure or short term funding.³³

The Committee recommended in its final report that NHS England and the Department of Health monitor and increase spending on CAMHS services until they can be assured that CAMHS services in all areas are meeting an acceptable standard.³⁴

In December 2014, the Deputy Prime Minister announced a five year investment of £150m for eating disorder services for children and young people. The intention is to channel money

²⁷ Health Select Committee, [Children’s and adolescents’ mental health and CAMHS](#), HC 342 2014-15, page 5

²⁸ [HC Deb 2 February 2015 c27](#)

²⁹ Home Affairs Committee, [Policing and mental health](#), 6 February 2015, HC 202 2014-15, para 15

³⁰ Home Affairs Committee, [Policing and mental health](#), 6 February 2015, HC 202 2014-15, para 34

³¹ Home Affairs Committee, [Policing and mental health](#), 6 February 2015, HC 202 2014-15, para 33

³² Health Committee, [Children’s and adolescents’ mental health and CAMHS: Government Response to the Committee’s Third Report of Session 2014-15](#), 10 February 2015, HC 1036, para 33

³³ Health Select Committee, [‘Problems with children’s and adolescents’ mental health services, says Committee’](#), 5 November 2014

³⁴ Health Select Committee, [‘Problems with children’s and adolescents’ mental health services, says Committee’](#), 5 November 2014

from expensive inpatient services to local provision, and foster the development of waiting time and access standards for eating disorders for 2016.³⁵

The Budget 2015 also announced a £1.25 billion investment in mental health, including a £1 billion investment for children and young people's mental health services – see section 1.

In January 2015, in response to a PQ, Norman Lamb provided statistics on the levels of funding for some CAMHS services. However, he made clear that the figures given do not represent the total level of funding received by these services:

Andy Burnham: To ask the Secretary of State for Health, how much was spent in (a) cash and (b) real terms on child and adolescent mental health services per young person in England in each of the last five years.

Norman Lamb: The following table shows programme budgeting expenditure for Child and Adolescent Mental Health Service (CAMHS) in cash and real terms. It should be noted that:

- Children and young people with mental health problems are provided with treatment by a wide range of services and organisations and in a variety of settings. The figures below show what is spent on CAMHS but are not representative of all spending on treating mental health problems in children and young people.
- Programme budgeting data does not include expenditure by local authorities, schools, children's services or expenditure on primary care appointments.
- Some primary care trusts (PCTs) may not have had sufficient information to allocate all expenditure on services such as continuing healthcare to specific programmes.
- 2013-14 data is not currently available.

Aggregate PCT expenditure on Child and Adolescent Mental Health Disorders		
	£ million (cash)	£ million (real, 2013-14 prices)
2008-09	683	758
2009-10	707	766
2010-11	713	751
2011-12	713	738

³⁵ Gov.uk, [Deputy PM announces £150m investment to transform treatment for eating disorders](#), 2 December 2014

2012-13	704	717
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Source: Programme Budgeting data, NHS England³⁶

In January 2015, the CentreForum Commission, chaired by former Minister for Care Services, Paul Burstow, published a report into [Perceptions of wellbeing and mental health in English secondary schools: a cross sectional study](#). The report outlined the following on cuts to CAMHS services:

CAMHS have experienced severe funding cuts over the past few years. A freedom of information request by YoungMinds found that two - thirds of local authorities have cut their CAMHS budgets, and the largest cuts have been to early intervention services (Tier 1 and Tier 2).³⁷ More recently, the mental health charity, Mind found that local authorities allocate a far greater proportion of their budget to preventing physical health problems, compared to mental health problems. In England, £671 million is spent on sexual health initiatives, £160 million is spent on smoking cessation, £108 million is spent on anti - obesity interventions and £76 million is spent on increasing physical activity, in total. Less than £40 million is spent on mental health (1.36 per cent). This disparity of funding continues at a national level as NHS England only allocate 0.6 per cent of the total NHS budget to CAMHS.³⁸

Norman Lamb also made reference to the findings of the YoungMinds report on cuts:

Chris Ruane: To ask the Secretary of State for Health, what recent estimate he has made of the number of local authorities who have or who plan to (a) reduce, (b) freeze, (c) increase spending on child and adolescent mental health in (i) 2013-14 and (ii) 2014-15.

Norman Lamb: The Department has made no such estimate since information on expenditure by local authorities is not held centrally; however, a report launched on 21 June by the mental health charity, Young Minds based on Freedom of Information requests suggests that there appears to have been some disinvestment in Child and Adolescent Mental Health Services at a local level in some areas, and an increase in other areas.³⁹

In March 2015, the Department for Education announced an investment of £25 million for voluntary and community sector grants for organisations that work with vulnerable children and young people. For the first time, mental health was identified as a separate theme within the grants, and organisations specialising in child mental health care were awarded £4.9 million. This includes £394,067 for Mind to develop a pilot promoting positive mental health and wellbeing in schools, and £439,657 for the Anna Freud Centre to create a comprehensive directory of all mental health services to provide an authoritative source of mental health information for schools.⁴⁰

³⁶ [PQ 218865 \[on Mental Health Services: Children\]](#), 7 January 2015

³⁷ YoungMinds, '[Stop cutting CAMHS Services](#)' [last accessed 8 January 2015]

³⁸ Mind, '[Mind reveals 'unacceptably low' spending on public mental health](#)', 28 October 2014

³⁹ [PQ 206729 \[on Mental health services: Young people\]](#), 2 September 2014

⁴⁰ Gov.uk, '[£25 million injection to help 'life-changing' children's services](#)', 25 March 2015

4 Mental health in education

4.1 The impact of mental health problems on educational attainment

In September 2014, the Parliamentary under Secretary of State for Children and Families set out the impact of mental health problems on children's educational attainment:

Chris Ruane: To ask the Secretary of State for Education, pursuant to the Answer from the Minister of State for Care and Support of 4 June 2014, Official Report, column 102W, on mental illness, what assessment she has made of the impact of these psychiatric conditions on academic attainment levels at GCSE, A levels, Degree and Post Graduate Degree level.

Edward Timpson: The last official assessment of the levels of psychiatric conditions in young people was published in 2004 by the Office of National Statistics, the 'Mental health of children and young people in Great Britain' [1].

This found that across the general school population 24% of pupils were assessed as being behind in their schooling, with 9% assessed as being two or more years behind.

For those with clinically diagnosed mental health conditions the percentages were:

1. Conduct disorders – 59% of children with conduct disorders were behind in their intellectual development, with 36% being two or more years behind
2. Emotional disorders – 44% of children with an emotional disorder were behind in their intellectual development, with 23% being two or more years behind
3. Hyperkinetic disorders – 65% of children with hyperkinetic disorders were behind in their intellectual development, with 18% being three or more years behind
4. Autistic spectrum disorders – 72% of children with autistic spectrum disorders were behind in their intellectual development, with 39% being two or more years behind
5. Multiple disorders – 63% of children with multiple disorders were behind in their intellectual development, with 40% being two or more years behind.⁴¹

[1] www.hscic.gov.uk/pubs/mentalhealth04

4.2 The national curriculum

Mental health education is not currently on the National Curriculum. It is however included in the guidance for non-statutory PSHE education.

In response to a Parliamentary Question, the Minister for Education, Nick Gibb, set out the Government's position on the teaching of mental health:

Currently mental health education is included in the non-statutory programmes of study for Personal, Social, Health and Economic (PSHE) education. This covers learning about the characteristics of emotional and mental health, and the causes, symptoms and treatments of some mental and emotional health disorders. Pupils should be taught how physical, mental and emotional health affects our ability to lead fulfilling lives. The programmes of study give teachers a framework for teaching, creating scope to tailor the subject to meet the needs of their students.

The Department does not provide specific support to schools for the inclusion of mental health education within the curriculum. However, schools usually seek support

⁴¹ PQ 207563 [on Children: Mental Illness], 5 September 2014

from local partners and other organisations to help them to teach about mental health.⁴²

The former Minister for Schools, Elizabeth Truss, had previously stated that schools have the flexibility to decide what is taught to promote children and young people's wellbeing and resilience:

"Ofsted has made it clear that it expects schools to look at the whole child, and will focus inspections on outcomes. Together with a slimmed-down curriculum, that gives schools more freedom to add skill and character-building activities, promoting children's wider well-being."⁴³

Following a [consultation on PSHE education](#), in March 2013 the Department for Education confirmed in a Written Ministerial Statement that PSHE would remain a non-statutory subject.⁴⁴

4.3 Mental health services in schools

In December 2013, Elizabeth Truss stated in a House of Commons debate that "between 60% and 85% of English secondary schools provide access to counselling, which equates to between 50,000 and 70,000 sessions a year."⁴⁵

In response to a Parliamentary question in October 2013, the Parliamentary under Secretary of State for Children and Families outlined what schools should be doing to support pupils' mental health:

Good schools take action to boost pupils' mental health resilience and intervene early to set those at risk of more serious problems back on track. When children need more specialist support, schools refer pupils to specialist medical services such as children and adolescent mental health services (CAMHS) or work with partners to access the clinical expertise they need.⁴⁶

As detailed in section 1, the Government has recently announced the development of a new vision for schools which focuses on pupils' mental health. The Department of Health is also working with experts in school counselling to produce advice on securing high quality counselling, which is expected to be published in spring 2015.⁴⁷

As announced in the Budget 2015, the Department for Education will invest £1.5 million to pilot joint training for designated leads in CAMHS services and schools to improve access to mental health services for children and young people.⁴⁸

4.4 Training for teachers and professionals on mental health

In March 2014, the Department of Health funded a website called "MindEd" to help professionals who work with children and young people to recognise the early signs of mental health problems. In response to a Parliamentary Question in May 2014, the Minister for Care Services said:

⁴² [HC Deb 16 November 2010 c754W](#)

⁴³ [HC Deb 10 December 2013 c71WH](#)

⁴⁴ [HC Deb 21 March 2013 52WS](#)

⁴⁵ [HC Deb 10 December 2013 c72WH](#)

⁴⁶ [HC Deb 14 Oct 2013 c600W](#)

⁴⁷ Health Committee, [Children's and adolescents' mental health and CAMHS: Government Response to the Committee's Third Report of Session 2014-15](#), 10 February 2015, HC 1036, para 54

⁴⁸ HM Treasury, [Budget 2015](#), March 2015, pages 59-60

The Department funded the MindEd website which will help anyone working with children, including all school staff, to spot the signs of mental health problems in children and help them get the support they need. Spotting the signs of mental health problems early in children and young people is essential to prevent problems from escalating and continuing into adulthood.⁴⁹

In June 2014, in consultation with head teachers, the Government published guidance on [Mental Health and Behaviour in Schools](#).⁵⁰ This advises schools on identifying and supporting pupils whose behaviour suggests they may have unmet mental health needs. The guidance provides information on:

- how and when to refer to CAMHS
- practical advice to support children with emotional and behavioural difficulties
- strengthening pupil resilience
- tools to identify pupils for likely to need extra support
- where/how to access community support

In response to a PQ in September 2014, Edward Timpson explained the scope of the guidance:

Good mental health services for young people are absolutely vital and something families care a great deal about. Our advice to schools helps teachers separate poor behaviour from unmet mental health issues so that all pupils receive help appropriate to their needs. It also encourages schools to promote positive mental health through the curriculum and peer mentoring.⁵¹

The mental health and behaviour guidance will be updated in Spring 2015, to include recommendations from the Children and Young People's Mental Health and Wellbeing Taskforce.⁵²

The Health Select Committee inquiry into child and adolescent mental health services also recommended a mandatory module on mental health in initial teacher training, and mental health modules as part of ongoing professional development in schools for both teaching and support staff.⁵³

4.5 Calls for change

There have been calls from charities and interest groups to introduce mandatory teaching about mental health into schools.

Six national mental health organisations, including Mind and the Royal College of Psychiatrists, published their [Manifesto for Better Mental Health](#)⁵⁴ in August 2014. This

⁴⁹ [HC Deb 6 May 2014 c137W](#)

⁵⁰ Department for Education, [Mental health and behaviour in schools](#), June 2014

⁵¹ [PQ 206790 \[on Schools: Mental health services\]](#), 1 September 2014

⁵² Health Committee, [Children's and adolescents' mental health and CAMHS: Government Response to the Committee's Third Report of Session 2014-15](#), 10 February 2015, HC 1036, para 53

⁵³ Health Select Committee, ['Problems with children's and adolescents' mental health services, says Committee'](#), 5 November 2014

⁵⁴ Rethink Mental Illness, Centre for Mental Health, Mental Health Foundation, Mental Health Network, Mind and the Royal College of Psychiatrists, [A Manifesto For Better Mental Health](#), August 2014

recommended ways that the Government could improve mental health treatment and support in the next Parliament. The Manifesto advocates specific changes to give children a good start in life:

Schools have a golden opportunity to protect and promote children's mental health at the same time as helping children attain good educational outcomes. Children with mental health problems can easily fall behind in school and the consequences of this are profound.

We need the Government to mandate and support all schools to protect and promote children's wellbeing. This should include placing mental health on the curriculum, skilling up teachers and school nurses in child development and ensuring that local child and adolescent mental health services (CAMHS) offer timely, engaging mental health support for children who need it.

The *Report of the Taskforce on Mental Health in Society*, launched by the Leader of the Opposition, Ed Miliband, also advocated introducing mental health awareness education for pupils, teacher training on mental health and a named CAMHS worker for every school.⁵⁵

4.6 Stigma and discrimination in education

One of the six key objectives of the Government's 2011 *Mental Health Strategy* was that fewer people will experience stigma and discrimination and that public understanding of mental health will improve.

A [survey](#) published in September 2014 by the anti-stigma campaign Time to Change found that many young people with mental health problems miss out on education⁵⁶. The survey revealed that nearly one in four students (24 per cent) did not attend school, college or university because they were concerned what other students would say and 15 per cent of people experienced bullying as a result of mental health problems. It also found that nearly a third (31 per cent) of those had been subject to discriminatory language, including being called "crazy" and "attention seeking". Nearly half of respondents (48 per cent) chose not to tell people about their mental health problems, instead saying they were absent due to physical illness. In response to the findings, the Minister for Care Services, Norman Lamb, said:

..I'm pleased that Time to Change is working with schools to address this. We're already working with the Department for Education to help teachers and others in contact with children to spot the signs of mental health problems, and I've recently launched a Taskforce to look at how we can make sure every child with mental health problems gets the support they need.⁵⁷

⁵⁵ [The Mentally Healthy Society: The report of the taskforce on Mental Health in Society](#), January 2015

⁵⁶ Time to Change, [Students missing out on education because of mental illness](#) (last access 30 September 2014)

⁵⁷ Time to Change, [Students missing out on education because of mental illness](#) (last access 30 September 2014)