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Support for children and young people's mental health

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Library briefings

Summary

Information on [Child and adolescent mental health during COVID-19](#) (July 2020) has been published by the Parliamentary Office of Science & Technology.

Successive Governments have pledged to improve mental health support for children and young people. This briefing covers recent Department of Health and Social Care, Department for Education and NHS policy.

The 2010-2015 Coalition Government committed to improving mental health for children and young people, as part of its commitment to achieving “parity of esteem” between physical and mental health. The 2011 mental health strategy, [No Health without Mental Health](#), pledged to provide early support for mental health problems, and the 2014 strategy, [Closing the Gap: priorities for essential change in mental health](#), included ambitions to improve access to psychological therapies for children and young people. The Department of Health and NHS England established a Children and Young People’s Mental Health and Wellbeing Taskforce which reported in March 2015 ([Future in Mind](#)) and set out ambitions for improving care over the next five years.

The 2015-2017 Government announced new funding for mental health, including specific investment in perinatal services and eating disorder services for teenagers. Additionally, the 2015 Government committed to implementing the recommendations made in [The Five Year Forward View for Mental Health](#) (February 2016), including specific objectives to improve treatment for children and young people by 2020/21. The *Policing and Crime Act 2017* included provisions to end the practice of children and young people being kept in police cells as a “place of safety” whilst awaiting mental health assessment or treatment.

In December 2017 a [Green Paper on children and young people’s mental health](#) was published for consultation, which set out measures to improve mental health support, in particular through schools and colleges. The Green Paper set out three key proposals:

- To incentivise and support all schools and colleges to identify and train a Designated Senior Lead for mental health.
- To fund new Mental Health Support Teams, which will be supervised by NHS children and young people’s mental health staff.
- To pilot a four week waiting time for access to specialist NHS children and young people’s mental health services.

The [Government’s response to the consultation](#), published in July 2018, committed to taking forward all proposals in the Green Paper, with certain areas trialling the three key proposals in 2019.

The [NHS Long Term Plan](#) published in January 2019, restated the Government’s commitment to deliver the recommendations in *The Five Year*

Forward View for Mental Health and set out further measures to improve the provision of, and access to, mental health services for children and young people.

Alongside changes to Relationships and Sex Education (RSE), the Government [announced](#) the introduction of statutory health education in July 2018. The Department for Education published [final statutory RSE and health education guidance](#) in June 2019. This will come into force in September 2020, with schools able to implement the changes from September 2019 if they wish. The guidance sets out requirements for health education; this must cover physical health and mental wellbeing.

This briefing applies to England only.

1 Background on 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 four tiers;

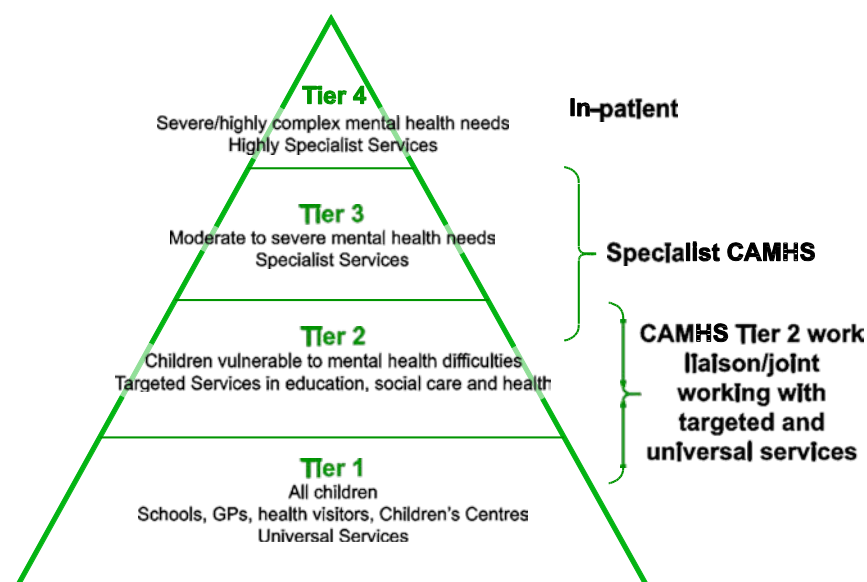
Universal services (Tier 1 CAMHS)

Targeted services (Tier 2 CAMHS)

Specialist community CAMHS (Tier 3 CAMHS)

Highly specialist services (Tier 4 CAMHS).¹

Tier 1 CAMHS includes universal services such as early years services and primary care; Tier 2 includes targeted services such as youth offending teams, primary mental health workers, and school and youth counselling (including social care and education); Tier 3 encompasses specialist community CAMHS; and Tier 4 includes both highly specialist inpatient and outpatient services. The Health Committee's 2014 report on CAMHS included the following diagram²:



¹ 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.

² 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

CAMHS are provided by a range of organisations including NHS mental health and community trusts, local authorities and the private and voluntary sectors. In England services are commissioned by clinical commissioning groups and NHS England (particularly for the most specialist services). Commissioning guidance notes that:

Commissioners will need to liaise with colleagues responsible for other children's health services, as well as schools and local authorities. In many areas, voluntary sector organisations provide services for children, young people and families often at the targeted service level (Tier 2 CAMHS). Such services may have complex funding arrangements and it is important this aspect of provision is not overlooked.³

Some have argued that the 4-tier model is unhelpful and reinforces distinctions between different types services when an integrated service structured around the needs of children and young people would be more effective.⁴

³ Joint Commissioning Panel for Mental Health, [Guidance for commissioners of CAMHS commissioning guidance](#) (October 2013)

⁴ 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,

2

Government policies on children and young people's mental health

The 2011 mental health strategy, [No Health without Mental Health](#)⁵ set out plans 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](#)⁶ 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 Department of Health published [Closing the Gap: priorities for essential change in mental health](#).⁷ 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 2018.⁸
- 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.⁹

⁵ Department of Health, [No Health without Mental Health: A cross-government mental health outcomes strategy for people of all ages](#), February 2011

⁶ Department of Health, [No Health without Mental Health: Implementation Framework](#), July 2012

⁷ Department of Health, [Closing the Gap: Priorities for essential change in mental health](#), February 2014

⁸ Department of Health, [Closing the Gap: priorities for essential change in mental health, February 2014, page 15](#)

⁹ Department of Health, [Closing the Gap: priorities for essential change in mental health, February 2014, page 25](#)

In December 2014, the Government announced five-year funding of £150 million for investment in children and young people's eating disorder services.¹⁰

In February 2015, the then 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 people¹¹.

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 nearly £400,000 for Mind to develop a pilot promoting positive mental health and wellbeing in schools, and £440,000 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.¹²

Also in March 2015 the Government published a [blueprint for school counselling services](#), which provides schools with practical, evidence-based advice on how to deliver high-quality school based counselling.¹³ At the same time, the PSHE Association published [guidance](#), funded by the Department for Education, on providing age-appropriate teaching about mental health problems.

2.1

Future in Mind (March 2015) and additional funding

In July 2014, a taskforce, led by the Department of Health and NHS England, examined how to improve child and adolescent mental health care.¹⁴ The [Future in Mind](#) report (March 2015) set ambitions for improving care over the next five years, including making better links between schools and specialist services. Key objectives included:

- tackling stigma and improving attitudes to mental illness
- introducing more access and waiting time standards for services
- establishing 'one stop shop' support services in the community

¹⁰ Gov.uk, [Deputy PM announces £150m investment to transform treatment for eating disorders](#), 2 December 2014

¹¹ Gov.uk, [Nicky Morgan speaks at Early Intervention Foundation conference](#), 12 February 2015

¹² Gov.uk, [£25 million injection to help 'life-changing' children's services](#), 25 March 2015

¹³ [PQ 1025 \[on Mental Health Services: Young People\], 8 June 2015](#)

¹⁴ ["Youth mental health care 'in dark ages' says minister](#), BBC, August 2014

- improving access for children and young people who are particularly vulnerable.¹⁵

In the March 2015 Budget, the Chancellor of the Exchequer announced £1.25 billion of additional investment in children's mental health over the following five years. Of this additional funding, £1 billion was provided to start new access standards for children and adolescent services, which the 2015-2017 Government anticipated would see 110,000 more children cared for over the next Parliament. The 2015 Government also committed to investing £118 million by 2018-19 to complete the roll-out of the Children and Young People's IAPT (Improving Access to Psychological Therapies) programme, to ensure talking therapies are available throughout England. Alongside this, £75 million would be provided between 2015 and 2020 to provide perinatal and antenatal mental health support for women. The Department for Education would also 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.¹⁶

In August 2015, it was announced that £75 million would also be allocated to support CCGs to work with local partners to develop local transformation plans, to overhaul mental health services for children and young people in their areas.¹⁷ 123 Local Transformation Plans (LTPs) covering all 209 CCGs were developed setting out how local agencies will work together to improve children and young people's mental health across the full spectrum of need.

There were concerns about how much of the additional funding allocated for children and young people's mental health had reached front line services. According to the Mental Health Network of provider trusts some CCGs had seen "*no significant investment*" by March 2016. Stephen Dalton, the Network's Chief Executive, said:

"It doesn't seem to have turned into posts on the front line. We are not hearing any reports of any significant investment at a local level around children's services. Indeed, some services are still experiencing cuts in services."¹⁸

2.2

The Five Year Forward View for Mental Health (February 2016) and Government response

[The Five Year Forward View for Mental Health: A report from the independent Mental Health Taskforce to the NHS in England](#) was published in February

¹⁵ 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

¹⁶ HM Treasury, [Budget 2015](#), March 2015, pages 59-60

¹⁷ Gov.uk, [Better mental health for the young: where, when and how to target funding](#), 12 August 2015

¹⁸ BBC, [NHS child mental health money 'missing' despite investment](#), 8 March 2016

2016. The Taskforce was launched by NHS England and was independently chaired by Paul Farmer, Chief Executive of Mind.

The Mental Health Taskforce made a series of recommendations for improving outcomes in mental health by 2020/21. This included specific objectives for children and young people, such as:

- providing mental health care to 70,000 more children and young people by 2020/21;
- supporting 30,000 more new and expectant mothers through maternal mental health services by 2020/21;
- ending the practice of sending people out of their local area for acute inpatient care as soon as possible.

The taskforce also called for the recommendations of the 2015 children and young people's taskforce report - *Future in Mind* - to be implemented in full.¹⁹

The Government said it welcomed the report's recommendations, and will work with NHS England and other partners to establish a plan for implementing its recommendations.²⁰ The then Minister for Community and Social Care, Alistair Burt, said:

By the end of this Parliament we will make the Taskforce's recommendations a reality.²¹

The Government's Mandates to the NHS for 2016-17 and 2017-18 also contained a directive for the NHS to implement agreed actions from the Mental Health Taskforce.²²

The Taskforce called for an additional investment of £1 billion by 2020/21 to implement change in the priority areas identified by their report. In response, the 2015-2017 Government pledged that an extra £1 billion will be invested in mental health care by 2021 and a million more people will get mental health support.²³

Alistair Burt, then Minister for Mental Health, said:

"Today's report gives a fantastic boost to changes in mental health services, with more care available close to people's homes. I particularly welcome the fact that young people and new and expectant mums will get the mental health care they need. For our

¹⁹ [The Five Year Forward View for Mental Health: A report from the independent Mental Health Taskforce to the NHS in England](#) (February 2016)

²⁰ [HC Deb 23 February 2016 c153-4](#)

²¹ [PQ 28310 \[on Mental Health Services: Finance\], 29 February 2016](#)

²² Department of Health, [The Government's mandate to NHS England for 2016-17](#), page 18; [The Government's mandate to NHS England for 2017-18](#), p22

²³ Department of Health, [New investment in mental health services](#), 16 February 2016

part, we are investing more than ever before in mental health and will make sure the NHS delivers on this plan.²⁴

In July 2016, NHS England published its plan for [Implementing the Five Year Forward View for Mental Health](#), setting out how the NHS will put the recommendations from the Mental Health Taskforce into practice.

In January 2017 the Prime Minister announced a package of reforms to improve mental health, which emphasised the importance of early intervention for children and young people. It included:

- new support for schools with every secondary school in the country to be offered mental health first aid training and new trials to look at how to strengthen the links between schools and local NHS mental health staff;
- a major thematic review of children and adolescent mental health services across the country, led by the Care Quality Commission, to identify what is working and what is not;
- a new green paper on children and young people's mental health to set out plans to transform services in schools, universities and for families; and
- support for NHS England's commitment to eliminate inappropriate placements to inpatient beds for children and young people by 2021.²⁵

Alongside the Prime Minister's announcement, the Government published its [response to the work of the Mental Health Taskforce](#), accepting its recommendation in full. This response also set out measures to address Taskforce recommendations that apply beyond the NHS, for education, employment and the wider community.²⁶

In particular the Government's response announced plans to make further progress in relation to children and young people, including:

- Publishing a Green Paper on children and young people's mental health later this year, to contain new proposals for both improving services across the wider system and increasing focus on preventative activity across all delivery partners
- Supporting schools, colleges and local NHS services to work more closely together to provide dedicated children and

²⁴ Department of Health, [New investment in mental health services](#), 16 February 2016

²⁵ Prime Minister's Office, '[Prime Minister unveils plans to transform mental health support](#)', 9 January 2017

²⁶ HM Government, [The Government's response to the Five Year Forward View for Mental Health](#), January 2017

young people's mental health services, by evaluating emerging models and approaches, to explore the impact closer working can have. We will support this by funding the provision of mental health first aid training for teachers in secondary schools

- Launching a programme of pilot activity on peer support for young people with their mental wellbeing. The pilots will test the provision of well-trained mentors within a comprehensive support structure in schools, colleges and community settings, as well as online support and resources, to help identify issues and prevent them from escalating
- A programme of randomised control trials of promising preventative programmes, to test three different approaches to mental health promotion and the prevention of mental health illness. The results of these trials will help to give schools the information they need in deciding which programmes are most effective for their pupils
- Requesting that the Care Quality Commission undertakes an in depth thematic review of children and young people's mental health services in 2017/18 – the first of its kind.²⁷

The Government's January 2017 response to the Taskforce also provided the following on the children and young people's mental health workforce

A strong and dynamic workforce will be critical for the delivery of Future in Mind. The Health Education England Workforce Strategy due to be published in early 2017 will support this. By 2020/21, at least 1,700 more therapists and supervisors will need to be trained and employed to meet additional demand, and the strategy will also outline actions needed to improve retention of existing staff.

In addition to these new therapists, all localities should work with the existing Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) programme to deliver post-graduate training in specific therapies, leading to at least 3,400 existing children and young people's mental health service staff being trained by 2020/21.²⁸

²⁷ ibid

²⁸ HM Government, [The Government's response to the Five Year Forward View for Mental Health](#), January 2017

2.3

CQC review of CAMHS

In January 2017, then Prime Minister Theresa May initiated a review of child and adolescent mental health services. This was described a major country wide thematic review of CAMHS, and was led by the Care Quality Commission (CQC).²⁹

In March 2018 the CQC published the final report of its review - [Are we listening?](#) The report found that the quality of mental health services for children and young people, including those who have been in care, is varied across England. It also highlighted problems around access and growing demand, a lack of co-ordination of different services, pressure on staff, and a lack of resources. The report made the following recommendations:

- The Secretary of State for Health and Social Care should make sure there is joint action across government to make children and young people's mental health a national priority, working with ministers in health, social care, education, housing and local government
- Local organisations must work together to deliver a clear 'local offer' of the care and support available to children and young people
- Government, employers and schools should make sure that everyone that works, volunteers or cares for children and young people are trained to encourage good mental health and offer basic mental health support
- Ofsted should look at what schools are doing to support children and young people's mental health when they inspect

The Government responded to some of the CQC's recommendations in a Urgent Question response on the day the report was published. The then Health Minister Steve Brine noted the Government is making improvements, such as rolling out mental health awareness training in all primary schools.³⁰ In response to a PQ in April 2019, the Government also said that the CQC's report informed the development of the Green Paper on children and young people's mental health services.³¹

The CQC pledged to report on the progress the different organisations have made to act on the recommendations in the report. This will be done through a self-assessment exercise with Health and Wellbeing Boards, and responses will be published in March 2020.³²

²⁹ Prime Minister's Office, '[Prime Minister unveils plans to transform mental health support](#)', 9 January 2017

³⁰ [HC Deb 8 March 2018, c464](#)

³¹ PQ245711 [on [Mental Health Services: Children in Care](#)] 30 April 2019

³² [CQC following up on recommendations made in its review of children and young people's mental health services](#), September 2019

2.4

Children and Young People's Mental Health Green Paper (December 2017)

In December 2017, the Department of Health and Department of Education jointly published the Green Paper [Transforming children and young people's mental health provision](#).

The Green Paper noted that there were significant differences between referral times for treatment across different areas, with the shortest waits being around four weeks, and the longest in one provider being 100 weeks. As a result, the Green Paper proposed to introduce a new waiting time standard, alongside improving mental health support in schools. The three key elements set out by the Government are:

1. We will incentivise every school and college to identify a Designated Senior Lead for Mental Health to oversee the approach to mental health and wellbeing. All children and young people's mental health services should identify a link for schools and colleges. This link will provide rapid advice, consultation and signposting.
2. We will fund new Mental Health Support Teams, supervised by NHS children and young people's mental health staff, to provide specific extra capacity for early intervention and ongoing help. Their work will be managed jointly by schools, colleges and the NHS. These teams will be linked to groups of primary and secondary schools and to colleges, providing interventions to support those with mild to moderate needs and supporting the promotion of good mental health and wellbeing.
3. As we roll out the new Support Teams, we will trial a four week waiting time for access to specialist NHS children and young people's mental health services. This builds on the expansion of specialist NHS services already underway.³³

The [Government's response to the consultation](#), published in July 2017, committed to taking forward all proposals in the Green Paper. The three key proposals outlined above would be trialled in new trailblazer areas, funded by CCGs, with the first wave operational by the end of 2019.

The proposals in the Green Paper on mental health support in schools are explored in more detail in section 4.1 of this note.

The Education and Health and Social Care Select Committees published a joint report - [The Government's Green Paper on mental health: failing a](#)

³³ DH and DfE, [Transforming children and young people's mental health provision](#), December 2017, p4

[generation](#) - which said that the Green Paper did not go far enough and risks leaving children without the care they need – see below.³⁴

2.5

Joint Education and Health and Social Care Committee inquiry on the Government's Green Paper on mental health (2018)

In response to the Green paper, the Education and Health and Social Care Select Committees published a joint report - [The Government's Green Paper on mental health: failing a generation](#). In the report, the Committees raised concerns about the long timeframes in the strategy:

The long timeframes involved in the strategy will leave hundreds of thousands of children and young people unable to benefit from the proposals. Rolling out the plans to only “a fifth to a quarter of the country by 2022/23” is not ambitious enough.³⁵

The report also raised concerns about additional pressures that the proposals may place on health and education workforces, particularly the ‘Designated Senior Lead for Mental Health’ role that will be recruited from existing teaching staff.³⁶

The report recommended that the Government undertake a full assessment of transition arrangements between child and adult mental health services, and said:

“Young people are falling through the gaps and not receiving the services they need as they enter adulthood. It is disappointing that there are no substantive plans to deal with the transition from CAMHS to adult mental health services in the Green Paper.”³⁷

The Committee also made recommendations for the Government to gather independent evidence concerning the impact of exam pressure on young people's mental health.³⁸

Government response

The Government published its [response to the Committee's report](#) in July 2018, in which it rejected the Committees' assertion that the plans lack ambition in terms of scale and pace, saying “our proposals are genuinely

³⁴ Education and Health and Social Care Committee, Joint report on [The Government's Green Paper on mental health: failing a generation](#), 9 May 2018, HC642

³⁵ *ibid*, page 4

³⁶ *ibid* para 74 - 82

³⁷ *ibid* para 49

³⁸ *ibid* para 31

transformational and will take time to roll-out in a meaningful and useful way”.

The Government also said that the proposals for the Designated Senior Lead for Mental Health should not create any additional burdens for teaching staff:

We remain clear that our proposals do not create new jobs for teachers. Instead, the proposals provide additional support to help schools and colleges build on what they are already doing to support the mental health and wellbeing of their pupils. We do not want to place new burdens on schools or colleges; the support we are making available to leads who do engage should offset any burden and we are not making it a central requirement for schools to appoint Designated Senior Leads or to engage with Mental Health Support Teams.³⁹

With regards to transitions, the Government said that it is intending to review the impact of the ‘Commissioning for Quality and Innovation’ scheme (CQUIN) to assess whether further action is needed. The CQUIN scheme gives financial incentives to local providers for improved transition planning and runs from 2017-19.⁴⁰

The Government stated that its commitment to making mental health education a compulsory part of the curriculum will help pupils to learn about mental wellbeing and stress, to build resilience and help prepare young people for the pressures of exams.⁴¹

2.6

Delivering the Government’s vision in *Future in Mind*

The October 2018 National Audit Office (NAO) report [Improving children and young people’s mental health services](#)⁴² examined whether the Government was on track to deliver the improvements to children and young people’s services proposed in [Future in Mind](#).

The NAO report acknowledged the significant challenges faced by the Government in transforming children and young people’s mental health service due to the historical under-investment in these services. The report stated that although the Government’s proposed programmes were an important step towards tackling the issues of parity of esteem between mental and physical health services, they did not go far enough. The report estimated

³⁹ [Government Response to the First Joint Report of the Education and Health and Social Care Committees of Session 2017-19 on Transforming Children and Young People’s Mental Health Provision: A Green Paper](#), July 2018, Cm9627, page 8

⁴⁰ *ibid* page 17

⁴¹ *ibid*, page 14

⁴² National Audit Office, HC 1618 Session 2017–2019 9 October 2018

that even if the Government's ambitions in the NHS's Forward View programme were achieved "there would remain significant unmet need for mental health services."⁴³ The report stated that the "balance between pace, funding and need to test approaches means that the Green Paper will only be rolled out to 20–25% of the country by 2023."⁴⁴

The NAO was also critical of the lack of explicit objectives and arrangements to deliver the *Future in Mind* proposals:

The government has not set out and costed what it must do to achieve Future in Mind in full. [...] The government has not yet identified what actions and budget it will need to implement each proposal in Future in Mind, what progress it has made so far, and what further work is required to deliver it in full.

The government does not have cross-government accountability arrangements in place to ensure Future in Mind is delivered as intended. The government has formed an inter-ministerial group, and supporting cross-departmental group, to discuss mental health policy and share information. There are individual programme governance arrangements in place for the Forward View and cross-sector arrangements starting for the Green Paper. However, as the government is not managing Future in Mind as a single programme of work, there is no single governance structure for its delivery.⁴⁵

On the issue of accountability, the NAO's analysis revealed a lack of accurate reliable data on expenditure on mental health services, including on the allocation of the additional funding for children and young people's mental health services in 2014 and 2015.

NHS England cannot be certain all the additional £1.4 billion funding to date was spent as intended, and does not have strong levers to ensure that CCGs increase spending in line with their intentions. [...] NHS England is not confident that data on CCGs' expenditure on mental health are reliable prior to 2017-18 (that is, before the additional funding was made available and in the first years of the funding) and so cannot confirm that CCGs spent all of the additional funding on these services. Analysis of available NHS data indicates that annual expenditure by CCGs went up by about £170 million between 2015-16 and 2017-18 but NHS England accepts that this figure may not be entirely accurate.⁴⁶

The NAO's report was followed by an inquiry by the Public Accounts Committee (PAC) inquiry on mental health services for children and young

⁴³ *Ibid*, Key findings, p6

⁴⁴ *Ibid*, Key findings, p7

⁴⁵ *Ibid*

⁴⁶ *Ibid*

people. The PAC report and the Government response (published in April 2019) can be found on the [Committee website](#).

The NAO's conclusions on the slow pace of progress in delivering improvements was also reflected in analysis carried out by the Children's Commissioner for England, Anne Longfield, published in November 2018. The [Children's Mental Health briefing](#) by the Office of the Children's Commissioner found that "there is a vast gap between what is provided [by CAMHS] and what children need."⁴⁷

Based on analysis of NHS datasets for the financial year 2017-18 the Commissioner's report found that of those children referred to CAMHS, 31% received treatment within the year and 32% were still on waiting lists at the end of the year. Another 37% were not accepted into treatment or discharged after an assessment appointment. The report stated that this may be because they did not have a level of need which justified a clinical intervention, but it could also be because the local CAMHS service did not have the capacity to treat all the children who needed help. The report stated that the numbers of children not accepted into CAMHS varied considerably across the country from 7% of referrals to more than 80%. The Commissioner called for better lower level mental health services including an NHS funded counsellor in every school.

Government policies in this area were also discussed during a House of Lords debate on children and young people's mental health on 16 May 2019.⁴⁸

2.7

Waiting time standards

In October 2014, the 2010-2015 Coalition 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 and achieve parity. The following standards were introduced from 1 April 2015:

- 75% of people referred for talking therapies for treatment of common mental health problems like depression and anxiety will start their treatment within six weeks and 95% will start within 18 weeks
- at least 50% of people aged 14 and over going through their first episode of psychosis will get help within two weeks of being referred: the aim is to increase this percentage in future years.⁴⁹

New waiting times standards for children and young people with an eating disorder came into force in April 2017. The target is by 2020, 95% of young people in need of an eating disorders service will be seen within four weeks,

⁴⁷ Office of the Children's Commissioner for England, [Children's Mental Health briefing](#), November 2018, p3

⁴⁸ [HL Deb \[Children and young people's mental health\], 16 May 2019](#)

⁴⁹ Gov.uk, [First ever NHS waiting time standards for mental health announced](#), 8 October 2014

and within one week in urgent cases. Furthermore, (as noted above) under proposals set out in the Green Paper on [Transforming Children and Young People's Mental Health](#), the Government will be trialling a four-week waiting time for access to specialist NHS children and young people's mental health service.⁵⁰

⁵⁰ Department of Health, Department for Education, [Transforming Children and Young People's Mental Health Provision: a Green Paper](#), December 2017, page 4

3

The NHS Long Term Plan

The [NHS Long Term Plan](#) published in January 2019 set out key priorities for the NHS in England over the next ten years. The *NHS Long Term Plan* restated the commitment in *The Five Year Forward View for Mental Health* to improve access to mental health treatment for 70,000 more children and young people. Further measures on children and young people's mental health set out in the Plan include:⁵¹

- A commitment that funding for children and young people's mental health services will grow faster than both overall NHS funding and total mental health spending.
- Continued investment in expanding access to community-based mental health services to meet the needs of more children and young people.

The Plan states:

By 2023/24, at least an additional 345,000 children and young people aged 0-25 will be able to access support via NHS funded mental health services and school or college-based Mental Health Support Teams. Over the coming decade the goal is to ensure that 100% of children and young people who need specialist care can access it.⁵²

- Extra investment over the next 5 years in children and young people's eating disorder services.
- Children and young people experiencing a mental health crisis to be able to access the support they need with a single point of access through NHS 111, providing accessible crisis care 24 hours a day, seven days a week.
- The NHS to work with schools, parents and local councils to embed school and college-based mental health support for children and young people. The Plan states:

The Children and Young People's Mental Health Green Paper set out proposals to improve mental health support in schools and colleges. Over the next five years the NHS will fund new Mental Health Support Teams working in schools and colleges, building on the support

⁵¹ NHS England, [The NHS Long Term Plan](#), January 2019; p50-51

⁵² Ibid, p50

already available, which will be rolled out to between one-fifth and a quarter of the country by the end of 2023.⁵³

- Extending the current 0-18 years service models to create a comprehensive offer for 0-25 year olds that reaches across mental health services for children, young people and adults.

A subsequent [NHS Long Term Plan Implementation Framework](#) published in June 2019 states that *Five Year Forward View for Mental Health* and the *NHS Long Term Plan* mental health commitments will be funded through a mix of Clinical Commissioning Group baseline allocations and transformation funding available over the five-year period. The *Implementation Framework* document provides the following details:⁵⁴

2.30 [...] System plans must now set out how they will meet this mental health investment standard and use the investment and the additional funding set out in this document to deliver the commitments in the Long Term Plan and the Five Year Forward view for Mental Health including taking account of the patient and carers race equality framework we are developing.

[...]

2.33 In addition to CCG baseline funding all local areas will receive an additional fair share funding allocation to support the delivery of these nationwide mental health priorities:

- 345,000 additional children and young people (CYP) aged 0-25 will be able to access support via NHS-funded mental health services (in addition to the Five Year Forward View for Mental Health's commitment to have 70,000 additional CYP accessing NHS Services by 2020/21);

[...]

- The continued expansion of CYP mental crisis services so that by 2023/24 there is 100% coverage of 24/7 crisis provision for CYP which combines crisis assessment, brief response and intensive home treatment functions;

[...]

2.34 Further funding allocations will be made to individual systems in consultation with NHS England/Improvement regions as follows:

[...]

⁵³ Ibid, p51

⁵⁴ [NHS Long Term Plan Implementation Framework](#), June 2019, pp11-13

- Development of school or college-based Mental Health Support Teams (MHSTs) in all regions (in line with the previous Green Paper commitments), which will contribute to the additional 345,000 CYP access figure.

4

Mental health data collection

The Department of Health and Social Care commissioned NHS Digital to undertake a [Children and Young People's Mental Health Survey](#) to examine the prevalence of mental disorders, the first such national survey since 2004.

The results of the survey were published in November 2018, which provides findings on the prevalence of mental disorder in 2 to 4 year olds, and spans the transition into adulthood by covering 17 to 19 year olds.

The survey found that 12.8% of those between ages 5 and 19 had at least one mental disorder. Among ages 5-10, disorders were more common among boys (12.2%) than girls (6.6%). Among ages 17-19, girls had higher prevalence (23.9%) than boys (10.3%). Among ages 11-16 there was little gender gap.

Boys were found to be more likely to have behavioural and hyperactivity disorders than girls, while girls were more likely to have emotional disorders (e.g. anxiety and depression) than boys.

Further information is available in the Library briefing on [Mental health statistics: prevalence, services and funding in England](#) (published January 2020).

In addition, a follow-up report to the 2017 survey was published in October 2020, exploring the [mental health of children and young people in July 2020, during the Coronavirus \(COVID-19\) pandemic and changes since 2017](#). Experiences of family life, education and services, and worries and anxieties during the COVID-19 pandemic were also examined.

The survey found that rates of probable mental disorders have increased since 2017. In 2020, one in six (16.0%) children aged 5 to 16 years were identified as having a probable mental disorder, increasing from one in nine (10.8%) in 2017. The survey also found that children and young people with a probable mental disorder were more likely to say that lockdown had made their life worse, than those unlikely to have a mental disorder.

5 Use of police cells to detain children and young people under the *Mental Health Act*

Section 136 of the *Mental Health Act 1983* gives the police powers to detain and remove persons – from a public place - who appear to be suffering from a mental disorder and take them to a designated “place of safety” until an assessment can take place and appropriate treatment arranged.

There have been long-standing concerns about the practice of using police cells to detain people under the *Mental Health Act 1983*. In its inquiry on CAMHS in 2014, the Health Committee expressed particular concern about the practice of young people being detained in police cells under section 136 of the *Mental Health Act 1983*, due to a lack of appropriate health-based places of safety and inpatient beds. The [Crisis Care Concordat](#) - a national agreement between services and agencies involved in the care and support of people in crisis - published in February 2014, also set a commitment to end the practice of children going into police cells.

In February 2015, the Home Affairs Select Committee published its report on [Policing and mental health](#).⁵⁵ The Committee recommended that the specific reference to a police station should be removed from the definition of “places of safety” in sections 135 and 136 of the *Mental Health Act 1983*. The Committee strongly criticised the practice of detaining children in police cells under section 136 calling it “a clear failure of commissioning by NHS Clinical Commissioning Groups”.⁵⁶ The Committee was in support of an absolute ban on detaining children in police cells as a place of safety.

In May 2015 Theresa May, the then Home Secretary, announced measures to reduce instances where people experiencing a mental health crisis are held in a police cell as a “place of safety” whilst waiting an assessment.⁵⁷ Subsequently, provisions in the [Policing and Crime Act 2017](#) were introduced which banned the use of police cells as a place of safety for under 18s, by amending the *Mental Health Act 1983*.⁵⁸

⁵⁵ HC 202 [2014-15]

⁵⁶ Ibid, para 34

⁵⁷ Gov.uk, [Home Secretary's Police Federation 2015 speech](#), 20 May 2015

⁵⁸ *Policing and Crime Act 2017*, [section 81 \(6\)](#)

6 Mental health in schools

Schools are able to decide on the provision of mental health support for their pupils. Schools are not required to report centrally on the services they provide, but it has been estimated that 70% of secondary schools and 52% of primary schools in England offer counselling services.⁵⁹

The Government has reiterated that although schools play an important part in promoting mental wellbeing, teachers are not mental health professionals, and need backing from a range of specialised services.⁶⁰ There has been work to strengthen partnerships between education providers and mental health services, through a new pilot linking schools with single points of contact in child and adolescent mental health services (CAMHS). The Government has said the pilot has led to improvements in higher quality and more timely referrals to specialist services for pupils.⁶¹ The pilot initially reached 255 schools, and will be extended to 1,200 schools.

Concerns have been raised that provision of mental health support in schools is currently patchy. This was noted by the Care Quality Commission (CQC) in a 2017 review of CAMHS services. The CQC noted that when pupils can access high-quality counselling through their schools, it can be an effective form of early intervention. However, the CQC said it is not always available, and in some cases there are concerns about the quality of support on offer.⁶²

In May 2021, the Government announced more than [£17 million to improve mental health and wellbeing support in schools and colleges](#), to help them recover from the challenges of the pandemic. Up to 7,800 schools and colleges in England will be offered funding worth £9.5 million to train a senior mental health lead, part of the Government's commitment to offer this training to all state schools and colleges by 2025.

Funding also includes a new £7 million Wellbeing for Education Recovery programme, to provide training, support and resources for staff dealing with children and young people experiencing additional pressures from the last year – including trauma, anxiety, or grief.⁶³

⁵⁹ Care Quality Commission, [Review of children and young people's mental health services: Phase one report](#), October 2017, p23

⁶⁰ [PQ 501 on schools: mental health, 4 July 2017](#)

⁶¹ [PQ 501 on schools: mental health, 4 July 2017](#)

⁶² Care Quality Commission, [Review of children and young people's mental health services: Phase one report](#), October 2017, pp23-24

⁶³ Department for Education, [Schools and colleges to benefit from boost in expert mental health support](#), 10 May 2021

6.1

Green paper: Impact on schools

The Green Paper consultation [Transforming children and young people's mental health provision](#), was published by the Department for Education and the Department of Health in December 2017. More detail on the broader scope of this paper is provided in section 2.4 of this briefing.

The Green Paper included several proposals to improve support for mental health in schools, including:

- To incentivise every school and college to identify and train a Designated Senior Lead for Mental Health, with relevant training rolled out to all areas by 2025
- To create new Mental Health Support Teams to work with groups of schools and colleges, and work with Designated Senior Leads in addressing the problems of children with mild to moderate mental health problems, and provide a link to services for children with severe problems
- Updating existing [mental health and behaviour guidance](#)
- Building on existing mental health awareness training so that a member of staff in every primary and secondary school in England receives mental health awareness training
- Adding a mental health-specific strand within the [Teaching and Leadership Innovation Fund](#)
- Further the aim that all children will learn about mental well-being through consultations on PSHE and Relationships and Sex Education
- Reviewing whether existing requirements on schools on publishing policies and information for parents and carers, including behaviour, safeguarding and SEND policies are adequate
- Working with Ofsted on how inspection can be used as a force for improvement in addressing mental health needs

Response to consultation

The [Government's response to the Green Paper consultation](#), committed to taking forward all proposals in the Green Paper, with certain areas trialling the three key proposals by the end of 2019, was published in July 2018.

6.2 Government announcement on suicide prevention

The Government made an [announcement on suicide prevention](#) in October 2018 which included further measures on support for children and young people. The announcement stated that:

- Recruitment begun for new mental health support teams who will work with schools to ensure young people with mental health issues get the help they need – trainees will begin studying in January and join schools across England in 2019.
- Starting in 2019, the government will publish a 'State of the Nation' report every year on World Mental Health Day, highlighting the trends and issues in young people's mental well-being – the first time children's mental health will be reported in this way, alongside their physical health and academic attainment
- The government will provide tools to help schools measure their students' health, including their mental wellbeing – building on the commitment to make education in mental health and resilience a compulsory part of the curriculum.⁶⁴

In response to a PQ answered on 2 July 2019, Minister Nick Gibb MP said that the first 59 support teams would be fully operational in 25 areas of the country by the end of 2019.⁶⁵

6.3 Mental health education on the curriculum: 2020 reforms

Alongside changes to Relationships and Sex Education, the Government [announced](#) the introduction of statutory health education in July 2018.⁶⁶ [Draft statutory guidance](#) on RSE and health education was published, and a [consultation](#) on the guidance ran until 7 November 2018.

The DfE published [final statutory guidance](#) in June 2019.

The statutory guidance will come into force in September 2020, with schools able to implement the changes from September 2019 if they wish.

⁶⁴ Prime Minister's Office, [PM pledges action on suicide to mark World Mental Health Day](#), 9 October 2018

⁶⁵ [PQ 268557](#), 2 July 2019.

⁶⁶ Department for Education, [New relationships and health education in schools](#), 19 July 2018

The guidance sets out proposed requirements for health education. The requirements cover physical health and mental wellbeing, and it makes clear that the two are interlinked.

At **primary** level, pupils are expected to learn:

- that mental wellbeing is a normal part of daily life; that mental ill health is common, and can often be addressed effectively.
- that there is a normal range of emotions.
- how to recognise and talk about their emotions, judge their own feelings, and where and how to seek support.
- the benefits of things like physical exercise, time outdoors, and how to use simple self-care techniques.
- that bullying has a negative and often lasting impact on mental wellbeing.

At **secondary** level, pupils should be taught:

- how to talk about their emotions.
- that happiness is linked to being connected to others.
- how to recognise the early signs of mental wellbeing concerns.
- common types of mental ill health (e.g. anxiety and depression).
- how to critically evaluate when something they do or are involved in has a positive or negative effect on their own or others' mental health.
- the benefits and importance of things like physical exercise, time outdoors & community participation.

Further information on health education is provided in the Library briefing on [Personal, Social, Health and Economic Education in schools \(England\)](#), CBP 7303.

Existing position

What is PSHE?

The PSHE Association defines personal, social, health and economic education (PSHE) as:

...a planned programme of learning through which children and young people acquire the knowledge, understanding and skills they need to manage their lives, now and in the future.

The Library briefing on [Personal, social, health and economic education in schools \(England\)](#), CBP 7303, provides more detailed information.

What provision do schools have to make?

PSHE is a non-statutory subject, but the Government expects all schools in England to make provision for it.

In September 2013, following an internal review, the Department for Education issued new [guidance on PSHE](#), which makes clear that it is largely up to schools to determine what is taught; it also states that the then-Government did not intend to publish new non-statutory programmes of study for PSHE.

The Government provides funding to various bodies, principally the PSHE Association, to support the teaching of PSHE.

PSHE Association programme of study

The PSHE Association has published its own [programme of study](#) for PSHE, covering Key Stages 1-5.

The programme includes focus on a variety of areas, including diversity and equality, relationships of different kinds, personal financial choices, drugs education, the importance of respecting and protecting the environment, and people's rights and responsibilities as members of families and other groups, and as citizens.

- **Mental health** is part of the PSHE Association programme of study at Key Stages 4 and 5 (ages 14-18), covering issues such as the maintenance of personal wellbeing, and supporting others with mental health problems.
- **Social media** is also part of the programme, during Key Stages 2-5 (ages 7-18), with relevant topics including bullying via social media, the potential distorting effect of social media on information, and the impact of sex in social media, such as from the sharing of explicit images.

6.4

Earlier Government policy on mental health support in schools

In January 2017, the Prime Minister announced that every secondary school in England will be offered mental health first aid training. The programme, which includes an investment of £200,000 in Government funding in its first year, would start with 1,000 staff and extend in years 2 and 3 to cover every secondary school in England. Teachers and staff would receive practical advice on how to deal with issues such as depression and anxiety, suicide and psychosis, self-harm, and eating disorders.⁶⁷

In December 2015, the 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 tested a named

⁶⁷ Gov.uk, [PM: mental health training for teachers will "make a real difference to children's lives"](#), 27 June 2017

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 a £3 million investment, jointly funded by the Department for Education and NHS England.⁶⁸ The Government have committed to an expansion of the pilot to a further 1200 schools and colleges.

An [evaluation of the pilots](#) was published in February 2017. The report was positive about the impact of the pilots, but raised concerns about the resources available for rollout nationwide:

At a national level, the pilot programme very much demonstrates the potential added value of providing schools and NHS CAMHS with opportunities to engage in joint planning and training activities, improving the clarity of local pathways to specialist mental health support, and establishing named points of contact in schools and NHS CAMHS. At the same time, the evaluation has underlined the lack of available resources to deliver this offer universally across all schools at this stage within many of the pilot areas. Given the pilots show that additional resources would need to be allocated locally to deliver the offer universally across all schools, further work is needed to understand how sustainable delivery models can be developed.⁶⁹

In March 2015 the Government published a blueprint for school counselling services⁷⁰, which provides schools with practical advice on how to deliver high-quality school based counselling.⁷¹

In June 2014, in consultation with head teachers, the Department of Health published non-statutory guidance on Mental Health and Behaviour in Schools.⁷² 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 who are likely to need extra support
- where and how to access community support

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

⁶⁸ Department for Education, [Hundreds of schools benefit from £3m mental health investment](#), 3 December 2015

⁶⁹ Department for Education, [Mental Health Services and Schools Link Pilots: Evaluation brief](#), February 2017, p7

⁷⁰ Department for Education, [Counselling in schools: a blueprint for the future](#), 17 February 2016

⁷¹ [PQ 1025 \[on Mental Health Services: Young People\], 8 June 2015](#)

⁷² Department for Education, [Mental health and behaviour in schools](#), June 2014

early signs of mental health problems. In response to a PQ in May 2014, the then Minister for Care Services said:

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.⁷³

⁷³ [HC Deb 6 May 2014 c137W](#)

7

Further reading

Library briefings

Further background can be found in the Library briefing papers [Mental health policy in England](#) , [Early Intervention](#) and [Mental health services for post 16 students in England](#).

The Library has also published a number of relevant debate packs:

- [Anti-bullying week 2018](#) (November 2018)
- [Mental health education in schools](#) (November 2017)
- [Supporting children's wellbeing and mental health in a school environment](#) (January 2017)
- [Effect of social media on the mental health of young people](#) (November 2016)
- [Access and waiting time standards for early intervention in psychosis](#) (August 2016)

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