

Research Briefing

15 August 2023

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Support for children and young people's mental health (England)

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Summary

Successive Governments have pledged to improve mental health support for children and young people. This briefing covers the structure of Children and young people's mental health services, recent policy from the Department of Health and Social Care, Department for Education and NHS England, and evaluations of Government policy.

Children and young people's mental health services

Children and young people's mental health services (CYPMHS) is an umbrella term for all mental health and wellbeing services supporting this group.

CYPMHS are provided by a range of organisations including NHS mental health and community trusts, local authorities, the private sector and the voluntary sector. Most NHS services are commissioned by [Integrated Care Boards](#) but some specialist services, such as children's inpatient services, are commissioned by NHS England through [NHS-Led provider collaboratives](#).

Most funding for CYPMHS is not ring-fenced. This means that the Government and NHS England don't determine how much is spent on services at a local level. Instead, ICBs are responsible for deciding how much to budget for these services from their overall funding allocation.

In 2022/23, [ICBs planned to spend £998 million on CYPMHS](#) (excluding eating disorders), and a further £84 million on eating disorders. This represents 8% of planned total local mental health spending. This is up from confirmed spending of £922 million on CYPMHS and £73 million on eating disorders the previous year.

How many children and young people have mental health conditions?

A [2022 survey by NHS Digital](#) found that 18% of children aged 7 to 16 had a probable mental disorder, up from 12.1% in 2017. In November 2018. Among young people aged 17 to 19, the rates of probable mental disorder increased from 10.1% in 2017 to 17.7% in 2020. Between 2020 and 2021 the rates remained similar before increasing again between 2021 and 2022, from 17.4% to 25.7%.

[413,000 people were in contact with children and young people's mental health services as of April 2023](#), up from 389,000 a year earlier. This number has increased steadily in recent years: there were 219,000 people in contact with children and young people's services pre-pandemic in April 2019.

Government policy

This briefing paper covers Government policy on CYPMHS from 2011 to present.

In December 2017 a [green paper on children and young people's mental health](#) was published for consultation, setting 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 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.

The [NHS Long Term Plan](#) (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, including:

- By 2023/24, at least 345,000 additional children and young people (up to age 25) will be able to access mental health support through NHS services or school or college-based Mental Health Support Teams.
- The NHS will work with schools, parents and local councils to embed school and college-based mental health support for children and young people. Mental Health Support Teams will be rolled out to between one-fifth and a quarter of the country by the end of 2023.

In 2022, the Government launched a [discussion paper and call for evidence](#) to inform a new cross-government, ten-year plan for mental health and wellbeing in England. However, it was later announced mental health would be covered alongside physical health conditions in an upcoming Major Conditions Strategy.

This briefing applies to England only.

1 Children and young people's mental health services

1.1 What are children and young people's mental health services?

Children and young people's mental health services (CYPMHS) is an umbrella term for all mental health and wellbeing services supporting this group. CYPMHS is a newer term and includes specialist NHS child and adolescent mental health services (CAMHS). The terms CYPMHS and CAMHS are often used interchangeably.

CYPMHS are provided through a network of services, which include universal, targeted and specialist services, that can be conceptualised in four tiers (though in practice they may be integrated):

- Tier 1 - **universal services** such as early years services and primary care
- Tier 2 - **targeted services** such as youth offending teams, primary mental health workers, and school and youth counselling (including social care and education)
- Tier 3 - **specialist** community CAMHS
- Tier 4 - **highly specialist** inpatient and outpatient services.¹

The tiered model has received criticism for reinforcing distinctions between different types of services, rather than providing an integrated service structured around the needs of children and young people.² Many areas are now using integrated, needs-led models such as [the THRIVE Framework](#).

CYPMHS are provided by a range of organisations including NHS mental health and community trusts, local authorities, and the private and voluntary sectors.

¹ An overview of the structure of CAMHS is available on [The Association for Child and Adolescent Mental Health](#) website. Information is also available at the [YoungMinds](#) website.

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

1.2 NHS commissioning

In England, NHS mental health services are mostly commissioned by [Integrated Care Boards](#). Some specialist services, including tier 4 CAMHS inpatient services, are commissioned by NHS England.

NHS England is delegating responsibility for commissioning specialised mental health, learning disability and autism services to [NHS-Led Provider Collaboratives](#). These are groups of specialist providers, led by a lead provider, that work together to manage the budget and care pathway for their local population. They include providers from NHS trusts, the voluntary sector and the independent sector.

The aim of the collaboratives is to provide specialist care closer to home and avoid hospital admission where possible.³ A [list of live NHS-led Provider Collaboratives delivering CYPMHS](#) can be found on the NHS England website.

1.3 Funding

Most funding for CYPMHS is not ring-fenced. This means that the Government and NHS England don't determine how much is spent on services at a local level. Instead, Integrated Care Boards (ICBs) are responsible for deciding how much to budget for these services from their overall funding allocation. This is true of mental health services in general.

While mental health spending is not ring-fenced, local areas are expected to meet the 'mental health investment standard' (MHIS). This requires increases in local mental health spending to be at least as large in proportion as overall increases in local health funding. So, if an area receives a 5% increase in its funding allocation, it must increase its mental health spending by at least 5% to meet the MHIS.

In 2022/23, ICBs planned to spend £998 million on children and young people's mental health services (excluding eating disorders), and a further £84 million on eating disorders. This represents 8% of planned total local mental health spending.⁴

This is up from confirmed spending of £922 million on children and young people's mental health services and £73 million on eating disorders the previous year (see chart below).

³ NHS England, [NHS-Led Provider Collaboratives: specialised mental health, learning disability and autism services](#) (Accessed 18 July 2023)

⁴ The figure for total local mental health spending includes spending on learning disabilities and dementia.

NHS spending on children and young people's mental health services, England, £m

Financial year	Excluding eating disorders	Eating disorders
2017/18	640.5	46.7
2018/19	702.7	50.6
2019/20	791.4	50.0
2020/21	880.8	57.5
2021/22	922.0	72.8
2022/23 (plans)	998.0	83.5

Source: NHS England, [Mental Health Dashboard](#)

More information on funding for mental health services is available in section 6 of the Commons Library briefing paper on [Mental health statistics: prevalence, services and funding in England](#).

2 Statistics

2.1 How many children and young people have mental health conditions?

In November 2018, NHS Digital published the results of the first national [Children and Young People's Mental Health Survey](#) since 2004.⁵ The survey was undertaken in 2017 and followed up in 2020, 2021 and 2022.⁶

The 2022 survey found that:

- In 2022, 18% of children aged 7 to 16 had a probable mental disorder, up from 12.1% in 2017. The increase was statistically significant between 2017 and 2020, meaning we can be confident that there was a change in prevalence, but rates remained similar between years 2020, 2021 and 2022.
- Among young people aged 17 to 19, the rates of probable mental disorder increased from 10.1% in 2017 to 17.7% in 2020 (a statistically significant increase). Between 2020 and 2021 the rates remained similar before increasing again between 2021 and 2022, from 17.4% to 25.7%.

2.2 How many children and young people are in contact with NHS mental health services?

[NHS Digital's Mental Health Services Monthly statistics](#) provide information on people using NHS funded mental health services in England.

This shows that 413,000 people were in contact with children and young people's mental health services as of April 2023, up from 389,000 a year earlier.⁷ This number has increased steadily in recent years: there were 219,000 people in contact with children and young people's services pre-pandemic in April 2019.

⁵ NHS Digital, [Mental Health of Children and Young People in England, 2017](#), 22 November 2018

⁶ NHS Digital, [Mental Health of Children and Young People in England, 2020: Wave 1 follow up to the 2017 survey](#), 22 October 2020; NHS Digital, [Mental Health of Children and Young People in England 2021 - wave 2 follow up to the 2017 survey](#), 30 September 2021; NHS Digital, [Mental Health of Children and Young People in England 2022 - wave 3 follow up to the 2017 survey](#), 29 November 2022

⁷ NHS Digital, [Mental health services dashboard](#)

By contrast, the number of inpatients in children and young people's services has fluctuated but ultimately fallen, from just over 1,000 in April 2019 to around 750 in April 2023.⁸

2.3 How long are children and young people waiting to be treated?

Official data on waiting times aren't routinely collected or reported for many mental health services, including children and young people's mental health services, and there is not yet a waiting time standard (see sections 3.3 and 3.8 of this briefing).

However, the Children's Commissioner publishes some waiting time estimates in an [annual report on children's mental health services](#). The 2021/22 report found that:

- 19% of children referred entered treatment within 4 weeks;
- 14% entered treatment in over 4 weeks;
- 32% of referrals were closed before treatment; and
- 35% were still on waiting lists at the end of the year.⁹

The average waiting time between a child being referred and starting treatment was 40 days in 2021/22. This does not include those whose referral was closed before treatment, or those who were still waiting at the end of the year. This is the first time the average waiting time has increased since these reports started to be produced, having fallen steadily from 57 days in 2017/18 to 32 days in 2020/21.¹⁰

The report suggests that services have not been able to expand quickly enough to keep pace with a recent surge in mental health need and referrals.¹¹

Waiting times for eating disorder services

Data is available on waiting times for children and young people's eating disorder services, which the Government introduced waiting time standards for in 2016. The target was that by 2020/21, 95% of children and young people with an eating disorder should receive treatment within one week for urgent cases and within four weeks for routine cases.

⁸ NHS Digital, [Mental health services dashboard](#)

⁹ Children's Commissioner, [Children's mental health services 2021-2022](#), figure 6, p19

¹⁰ As above, figure 5, p17

¹¹ As above, p18

These targets are not yet being met. In the quarter ending March 2023, an estimated 78% of urgent referrals were seen within one week and 82% of routine referrals were seen within four weeks. Performance on these measures fell during 2020 and 2021 but has since recovered.¹²

Further information is available in the Commons Library briefing paper on [Mental health statistics: prevalence, services and funding in England](#).¹³

¹² NHS England, [Children and Young People with an Eating Disorder Waiting Times](#), Q4 2022/23

¹³ Commons Library Briefing CBP-06988, [Mental health statistics: prevalence, services and funding in England](#)

3 Children and young people's mental health policy

3.1 No Health Without Mental Health (2011)

The Coalition Government's 2011 mental health strategy, [No Health without Mental Health](#), set out plans to improve mental health outcomes for people of all ages.¹⁴

The [Implementation Framework](#) for the 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.¹⁵

3.2 Closing the Gap (2014)

In January 2014, the Department of Health published [Closing the Gap: priorities for essential change in mental health](#), which outlined key areas for immediate change to improve mental health care.¹⁶ Specific commitments for children and young people included:

- Improving access to psychological therapies for children and young people so talking therapy services covered all of England by 2018.
- Supporting schools to identify mental health problems sooner through new guidance from the Department of Health.
- Better supporting young people with mental health needs who are reaching the age of 18 by improving the transition from CAMHS to adult services or to discharge.¹⁷

¹⁴ Department of Health, [No Health Without Mental Health: a cross-government mental health outcomes strategy for people of all ages](#), 2 February 2011

¹⁵ Department of Health, [No Health without Mental Health: Implementation Framework](#) (PDF), July 2012

¹⁶ Department of Health, [Closing the Gap: Priorities for essential change in mental health](#), January 2014

¹⁷ As above, pp15-p26

3.3 Introduction of waiting time standards

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.¹⁸ The following standards were introduced from 1 April 2015:

- Treatment within 6 weeks for 75% of people referred to the Improving Access to Psychological Therapies programme, with 95% of people being treated within 18 weeks.
- Treatment within 2 weeks for more than 50% of people experiencing a first episode of psychosis.¹⁹

In December 2014, the Government announced funding of £150 million over five years to “transform treatment for eating disorders”, including the development of waiting time and access standards.²⁰

NHS England published the [Children and Young People's Eating Disorder Access and Waiting Time Commissioning Guide](#) in August 2015.²¹ The standard, which came into force in 2017, requires 95% of young people in need of an eating disorders service to be seen within four weeks, and within one week in urgent cases.

This target was expected to be achieved by 2020/21, but the standard is not yet being met (see section 2.3 of this briefing).

In October 2018, the National Audit Office report [Improving children and young people's mental health services](#) examined whether the Government was on track to deliver the improvements to CYPMHS proposed in Future in Mind (see section 8.1).²²

¹⁸ Department of Health and Social Care Press Release, [First ever NHS waiting time standards for mental health announced](#), 8 October 2014

¹⁹ Department of Health and Social Care, [Mental health services: achieving better access by 2020](#), 8 October 2014

²⁰ Deputy Prime Minister's Office Press Release, [Deputy PM announces £150m investment to transform treatment for eating disorders](#), 2 December 2014

²¹ NHS England and National Collaborating Centre for Mental Health, [Children and Young People's Eating Disorder Access and Waiting Time Commissioning Guide](#), August 2015

²² National Audit Office, [Improving Children and Young People's Mental Health Services](#), HC 1618 Session 2017–2019, 9 October 2018

3.4 Future in Mind (2015)

In July 2014, a taskforce, led by the Department of Health and NHS England, examined how to improve child and adolescent mental health care.²³

In March 2015, the Taskforce published the [Future in Mind](#) report, setting out objectives for the Government to meet by 2020.²⁴ Key objectives included:

- Tackling stigma and improving attitudes to mental illness.
- Introducing more access and waiting time standards for services.
- Making mental health support more accessible for children and young people by establishing 'one stop shop' support services in the community.
- Improving support for children and young people who are particularly vulnerable, including those subjected to abuse or exploitation.²⁵

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.²⁶ In August 2015, the new Government announced £75 million would be allocated to development of Local Transformation Plans (LTPs), as set out in the Future in Mind report.²⁷

3.5 The Five Year Forward View for Mental Health (2016)

In March 2015, NHS England launched an independent Mental Health Taskforce, chaired by Paul Farmer, Chief Executive of Mind. The Taskforce published [The Five Year Forward View for Mental Health](#) in February 2016.²⁸

Specific objectives for children and young people included:

²³ See [Children and young people's mental health and well-being taskforce](#) for membership and terms of reference

²⁴ 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

²⁵ 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, pp16-17

²⁶ HM Treasury, [Budget 2015](#), March 2015, p59

²⁷ The Rt Hon Alistair Burt, [Better mental health for the young: where, when and how to target funding](#), 12 August 2015. See p18 of the [Future in Mind report](#) for more information on LTPs

²⁸ Mental Health Taskforce, [The Five Year Forward View for Mental Health: A report from the independent Mental Health Taskforce to the NHS in England](#), February 2016

- Providing mental health care to 70,000 more children and young people by 2020/21.
- Ending the practice of sending people out of their local area for acute inpatient care as soon as possible.
- The full implementation of the recommendations made in the 2015 children and young people's taskforce report, *Future in Mind*.²⁹

The Government said it would work with NHS England and other partners to establish a plan for implementation.³⁰ The Government also pledged an extra £1 billion investment in mental health care by 2021 and said a million more people would receive mental health support.³¹

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

Government response

In January 2017, the Government published its [response to the work of the Mental Health Taskforce](#), accepting its recommendations in full and setting out priorities for action beyond the NHS, on education, employment and the wider community.³²

Alongside the publication, the Prime Minister announced a package of reforms to improve mental health, which emphasised the importance of early intervention for children and young people. These included:

- Offering mental health first aid training to every secondary school in the country and trialling how to strengthen links between schools and local NHS mental health services.
- Tasking the Care Quality Commission to lead a major thematic review of children and adolescent mental health services. (See section 8.2 for more details)
- Publishing a new green paper on transforming services for children and young people's mental health services in schools, universities and for families.

²⁹ Mental Health Taskforce, [The Five Year Forward View for Mental Health: A report from the independent Mental Health Taskforce to the NHS in England](#), February 2016, pp10-15

³⁰ [HC Deb 23 February 2016 c153-4](#)

³¹ Department of Health, [New investment in mental health services](#), 16 February 2016

³² HM Government, [The Government's response to the Five Year Forward View for Mental Health](#), January 2017

- Supporting NHS England's commitment to eliminate inappropriate inpatient placements for children and young people by 2021.³³

3.6 Transforming children and young people's mental health provision: a green paper (2017)

In December 2017, the Department of Health and Social Care and Department for Education jointly published the green paper [Transforming children and young people's mental health provision](#) for public consultation.³⁴

The green paper noted significant differences between referral times for treatment across different areas, with the shortest waits around four weeks, and the longest in one provider of 100 weeks.³⁵ As a result, the green paper proposed to introduce a new waiting time standard for specialist children and young people's mental health services (CYPMHS), alongside improving mental health support in schools. The three key elements set out by the Government were:

1. Incentivising every school and college to identify a Designated Senior Lead to oversee mental health and wellbeing.
2. Funding new Mental Health Support Teams, supervised by NHS CYPMHS staff, to provide extra capacity for early intervention and ongoing help.
3. Trialling a four-week waiting time for access to specialist NHS CYPMHS.³⁶

A report on the green paper by the Education and Health and Social Care Select Committees said it did not go far enough and risked leaving children without the care needed (see section 8.1 below).³⁷

The [Government's response to the consultation on the green paper](#), published in July 2018, committed to taking forward all proposals and trialling the three key proposals in new trailblazer areas, funded by CCGs, with the first wave operational by the end of 2019.³⁸

³³ Prime Minister's Office Press Release, [Prime Minister unveils plans to transform mental health support](#), 9 January 2017

³⁴ Department of Health and Social Care and Department for Education, [Transforming children and young people's mental health provision: a green paper](#), December 2017

³⁵ Department of Health and Social Care and Department for Education, [Transforming children and young people's mental health provision: a green paper](#), December 2017, p9

³⁶ Department of Health and Social Care and Department for Education, [Transforming children and young people's mental health provision: a green paper](#), December 2017, p4

³⁷ 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

³⁸ Department of Health and Social Care and Department for Education, [Government response to the consultation on 'Transforming children and young people's mental health provision: a green paper' and next steps](#), July 2018

See section 7 for more detail on progress against the commitments set out in the green paper and more information on mental health in schools.

3.7 NHS Long Term Plan (2019)

The [NHS Long Term Plan](#) published in January 2019 set out key priorities for the NHS in England over the next ten years.³⁹ The 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 by 2020/21.⁴⁰

Further commitments set out in the plan include:

- Funding for CYPMHS will grow faster than both overall NHS funding and total mental health spending.
- By 2023/24, at least 345,000 additional children and young people (up to age 25) will be able to access mental health support through NHS services or school or college-based Mental Health Support Teams.
- Extra investment over the next 5 years to meet waiting time standards for children and young people's eating disorder services.
- Children and young people experiencing a mental health crisis will 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 will work with schools, parents and local councils to embed school and college-based mental health support for children and young people. Mental Health Support Teams will be rolled out to between one-fifth and a quarter of the country by the end of 2023.
- The current 0 to 18 years service model will be expanded to create a comprehensive offer for 0 to 25 year olds spanning mental health services for children, young people and adults.⁴¹

A subsequent [NHS Long Term Plan Implementation Framework](#) published in June 2019 said the Five Year Forward View for Mental Health and the NHS Long Term Plan mental health commitments would be funded through a mix of Clinical Commissioning Group baseline allocations and transformation funding available over the five-year period.⁴²

³⁹ NHS England, [The NHS Long Term Plan](#), January 2019

⁴⁰ As above, para 3.23

⁴¹ NHS England, [The NHS Long Term Plan](#), January 2019, pp50-51

⁴² NHS England and NHS Improvement, [NHS Long Term Plan Implementation Framework](#), June 2019

In July 2019, NHS England published the [NHS Mental Health Implementation Plan 2019/20 – 2023/24](#), providing a framework for the delivery of the Long Term Plan's mental health commitments.⁴³ A further commitment for children and young people's mental health plans to “align with those for children and young people with learning disability, autism, special educational needs and disability (SEND), children and young people's services, and health and justice [from 2022/23]” is included in the Implementation Plan.⁴⁴ The Plan also sets out the planning and delivery requirements and national funding profiles to meet the 2023/24 goals by year.

3.8 Mental health clinically-led review of standards (2021)

In 2018, then-Prime Minister, Theresa May, requested a review of NHS access standards. The [Mental health clinically-led review of standards: Models of care and measurement](#) was published for consultation in 2021.⁴⁵

The proposed new standards relating to children and young people were:

- For a ‘very urgent’ presentation to a community-based mental health crisis service, a patient should be seen within 4 hours from referral, across all ages.
- For an ‘urgent’ presentation to a community-based mental health crisis service, a patient should be seen within 24 hours from referral, across all ages.
- For a referral from an emergency department, patients should have a face-to-face assessment by mental health liaison, or children and young people equivalent service commence within 1 hour.
- Children, young people and their families/carers presenting to community-based mental health services, should start to receive help within four weeks from request for service (referral). This may involve immediate advice, support or a brief intervention, help to access another more appropriate service, the start of a longer-term intervention or agreement about a patient care plan, or the start of a specialist assessment that may take longer.⁴⁶

The [consultation response](#) was published in February 2022 and showed strong support for the introduction of new access and waiting time measures for

⁴³ NHS England and NHS Improvement, [NHS Mental Health Implementation Plan 2019/20 – 2023/24](#), July 2019

⁴⁴ As above, p19

⁴⁵ NHS England and NHS Improvement, [Mental health clinically-led review of standards: Models of care and measurement](#), July 2021

⁴⁶ NHS England and NHS Improvement, [Mental health clinically-led review of standards: Models of care and measurement](#), July 2021, pp4-5

mental health.⁴⁷ The Government said it would work with NHS England and NHS Improvement on the next steps for the proposed measures.⁴⁸

In June 2021, the [Mental Health Provision \(Children and Young People\) Bill](#), a Private Member's Bill sponsored by Munira Wilson MP (Liberal Democrat), was introduced to Parliament. The purpose of the Bill was to require the Secretary of State to report annually to Parliament on the provision of mental health services for children and young people in England. The Bill provided that the report must include information by region on NHS spending on CYPMHS and whether target waiting times, based on the access standards set out above, are met. The Bill did not progress and fell at the end of the 2021-2022 session of Parliament.

In July 2023, Maria Caulfield, Parliamentary Under-Secretary for the Department of Health and Social Care, said the Government is continuing to work with NHS England on the standards and a date for their introduction has not been set.⁴⁹

3.9

COVID-19 mental health and wellbeing recovery action plan (2021)

In March 2021 the Government published their plan to “prevent, mitigate and respond to the mental health impacts of the pandemic during 2021 to 2022”.⁵⁰

The Plan said referrals to CYPMHS “reached an all-time high during the pandemic, as many children and young people struggled to cope with the impact of this unprecedented period.”⁵¹

Alongside reaffirming commitments detailed in the NHS Long Term Plan, actions in the Recovery Action Plan to support children and young people included:

- Establishment of a Mental Health in Education Action Group by the Department for Education.
- Appointment of Dr Alex George as Youth Mental Health Ambassador.

⁴⁷ NHS England and NHS Improvement, [Mental health clinically-led review of standards consultation response](#), February 2022

⁴⁸ PQ 143747 [on [Mental health services: Children and young people](#)], 21 March 2022

⁴⁹ PQ 193682 [on [Mental health services: Children and young people](#)], 20 July 2023

⁵⁰ Department of Health and Social Care and Cabinet Office, [COVID-19 mental health and wellbeing recovery action plan](#), 27 March 2021

⁵¹ As above, p49

- Launch of a free, online Psychological First Aid training course for people who care for or work with children and young people aged up to 25.⁵²

More information on the [impact of the pandemic on children and young people's mental health](#) has been published by the Parliamentary Office of Science and Technology.⁵³

3.10 Major Conditions Strategy

On 12 April 2022, the Government launched a [discussion paper and call for evidence](#) to inform a new cross-government, ten-year plan for mental health and wellbeing in England.⁵⁴

The discussion paper asked respondents to answer questions on promoting mental wellbeing and preventing mental ill-health, as well as how to improve treatment and support for people with mental health conditions and in crisis. Respondents were encouraged to provide suggestions in relation to different groups, including children and young people.⁵⁵

In January 2023 the Government announced it will publish a Major Conditions Strategy that will include mental health, rather than a stand alone mental health strategy.⁵⁶ The Government has said a joined-up strategy will ensure that mental health conditions are considered alongside physical health conditions.⁵⁷ The responses to the consultation on the mental health plan will be used to inform the strategy and to develop a new Suicide Prevention Strategy.⁵⁸

Mental health charities, including the Mental Health Foundation, Mind and Rethink Mental Illness, have criticised the Government's decision not to continue with a separate mental health strategy and say a mental health plan is urgently needed.⁵⁹

⁵² Department of Health and Social Care and Cabinet Office, [COVID-19 mental health and wellbeing recovery action plan](#), 27 March 2021, pp15-22

⁵³ POST, [Children's Mental Health and the COVID-19 Pandemic](#), POSTnote 653

⁵⁴ Department of Health and Social Care, [Mental health and wellbeing plan: discussion paper and call for evidence](#), 12 April 2022

⁵⁵ Department of Health and Social Care, [Mental health and wellbeing plan: discussion paper and call for evidence](#), 12 April 2022

⁵⁶ [HCWS514](#), 24 January 2023

⁵⁷ PQ 153869 [on [Mental health services](#)], 2 March 2023

⁵⁸ PQ 161365 [on [Mental health services: Public consultation](#)], 13 March 2023

⁵⁹ Mental Health Foundation, ["The government must deliver a comprehensive mental health plan, say mental health charities"](#), 31 January 2023

4 Children and young people and suicide prevention policy

4.1 Suicide prevention strategy (2012)

In 2012, the Government published [Preventing suicide in England: A cross-government outcomes strategy to save lives](#). The strategy said a tailored approach to children and young people's mental health is needed to reduce suicide risk.⁶⁰ It noted factors that may increase this group's risk, such as experiencing family breakdown, abuse or neglect.⁶¹

The Department of Health and Social Care published five [progress reports](#) on the strategy between 2014 and 2021. Each report set out current trends, progress to date and future actions.

The [Suicide prevention in England: fifth progress report](#) (March 2021) includes children and young people as a vulnerable group in relation to suicide, noting that rates of suicide in under 25s, and rates of self-harm amongst 10-24 year olds, are rising.⁶² A workplan, which was revised to reflect the context of the Covid-19 pandemic, can be found in Annex A of the report. Actions for children and young people include:

- Fund mental health advisers in each local authority to upskill education staff in responses to trauma.
- Creation of Mental Health Support Teams (MHSTs) for schools/colleges is ongoing.
- Implementation guidance for Relationship, Sex and Health Education (RSHE) curriculum content.
- Develop the [University Mental Health Charter](#) Award Scheme.
- Student Space platform - the Office for Students (OfS) have provided up to £3 million to fund the Student Space platform to bridge gaps in mental health support for students.

⁶⁰ Department of Health, [Preventing suicide in England: A cross-government outcomes strategy to save lives](#), 10 September 2012, Executive Summary, para 12

⁶¹ As above, para 2.3

⁶² Department of Health and Social Care, [Suicide prevention in England: fifth progress report](#), 7 March 2021, pp14-15

- Establish a new duty of care on how online services should deal with illegal and harmful content
- Address the lack of LGBT self-harm and suicide data.
- Collection of National Child Mortality Data.⁶³

4.2 Suicide prevention workplan (2019)

In 2019, the Government published the first cross-government [suicide prevention workplan](#), which included the following tailored approaches for children and young people:

- Production of joint DHSC and DfE Green Paper on children and young people's mental health.
- Explore issues affecting young people which may be impacting their mental health such as body image and other pressures from social media.
- Tackle homophobic, biphobic and transphobic (HBT) bullying in schools.
- Analyse suicide rates of people at university to explore any lessons to be learned and increase awareness of suicide risk and mental wellbeing.⁶⁴

4.3 Refreshed suicide prevention strategy

The Government has said it plans to use the responses to the [discussion paper and call for evidence on a new mental health and wellbeing plan](#) to inform a new, national suicide prevention strategy for England.⁶⁵

In July 2023, the Prime Minister confirmed the Government will publish an updated strategy “later this year.”⁶⁶

In the 2023 Spring Budget, the Government announced a £10 million grant fund for suicide prevention VSCE organisations across 2023 to 2025.⁶⁷

⁶³ Department of Health and Social Care, [Suicide prevention in England: fifth progress report](#), 7 March 2021, Annex A, pp41-44

⁶⁴ Department of Health and Social Care, [Suicide prevention: cross-government plan](#), 22 January 2019, pp31-34

⁶⁵ Department of Health and Social Care, [Mental health and wellbeing plan: discussion paper and call for evidence](#), 12 April 2022

⁶⁶ [HC Deb 19 July 2023 c898](#)

⁶⁷ HM Treasury, [Spring Budget 2023](#), 15 March 2023, para 4.24

More information can be found in the Common's Library briefing on [Suicide prevention: Policy and strategy](#).⁶⁸

⁶⁸ Commons Library briefing CBP-8221, [Suicide prevention: Policy and strategy](#)

5 Children and young people and the Mental Health Act

5.1 How many children and young people are detained under the Mental Health Act?

There are no age limits in the [Mental Health Act 1983](#), meaning children can be detained under the legislation if they are suffering from a mental disorder and pose a risk to themselves or others.

NHS Digital recorded 963 detentions under the Mental Health Act of people aged 17 and under in 2021/22, though the true figure will be higher as not all providers submitted data, and some submitted incomplete data.⁶⁹ This does not reflect the number of children admitted to hospital informally, whereby they or their parents agreed to admission (depending on their age and decision making ability).

A report by the Children's Commissioner in 2020 found that Black children were less likely than White children to be admitted informally to mental health wards, and more likely than White children to be held in secure wards or psychiatric intensive care units (PICUs). The report also noted girls were more likely than boys to be admitted to mental health wards, both informally and under the Mental Health Act.⁷⁰

5.2 Ban on police cells as places of safety for under 18s

Section 136 of the Mental Health Act 1983 gives the police powers to remove people who appear to be suffering from a mental disorder from a public place and take them to a designated "place of safety" until an assessment can take place and appropriate treatment arranged.⁷¹

⁶⁹ NHS Digital, [Mental Health Act Statistics. Annual Figures. 2021-22](#), 27 October 2022, Data tables, table 1b

⁷⁰ Children's Commissioner, [Who are they? Where are they? 2020](#) (PDF), 27 November 2020, pp32-33

⁷¹ [Mental Health Act 1983 s136](#)

There have been long-standing concerns about the practice of using police cells to detain people of all ages under section 136.⁷² In May 2015, Theresa May, 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.⁷³ Subsequently, provisions in the [Policing and Crime Act 2017](#) were introduced, banning the use of police cells as a place of safety for under 18s, by amending the Mental Health Act 1983.⁷⁴

5.3 Mental Health Act reforms

In January 2021, the Government published a white paper for consultation with proposals to reform the Mental Health Act 1983.⁷⁵ It followed an [independent review of the Act](#) that sought to understand rising detention rates, racial inequalities and how the Act could be modernised.⁷⁶

The white paper included proposals to raise the threshold for detention under the Mental Health Act and introduce new measures to improve patient choice and autonomy.

The white paper said the proposed reforms would be available to all patients detained under the Act, including children and young people. It noted concerns raised by the independent review team about the legal complexity of balancing children's rights and abilities to make decisions with the rights of their parents or carers, particularly for children under 16 (see box 1 below).

The independent review, alongside other stakeholders, had called for a statutory test of competence for under 16s. However, the Government did not propose any further legislative changes related to this and said it would look instead to make improvements to guidance.⁷⁷

⁷² See Health Committee, [Children's and adolescents' mental health and CAMHS](#), HC342, 5 November 2014, p66; Home Affairs Committee, [Policing and mental health](#), HC 202, 3 February 2015, para 34

⁷³ Home Office and Rt Hon Theresa May MP, [Home Secretary's Police Federation 2015 speech](#), 20 May 2015

⁷⁴ [Policing and Crime Act 2017, section 81\(6\)](#)

⁷⁵ Department of Health and Social Care, [Reforming the Mental Health Act](#), August 2021

⁷⁶ Independent Review of the Mental Health Act, [Modernising the Mental Health Act – final report from the independent review](#), December 2018

⁷⁷ Department of Health and Social Care, [Reforming the Mental Health Act](#), August 2021, p88.

Box 1 Decision making and under 18s

To agree to go into hospital voluntarily or to agree to have treatment, a person needs to be able to understand and weigh up their options, then make a decision and communicate it.

Children aged 16 and over are subject to the Mental Capacity Act 2005, under which they are presumed to have capacity to make their own decisions in most circumstances. If there are doubts about the person's capacity, a statutory test is applied, as set out in the Mental Capacity Act.

Decision making ability in children under 16 is referred to as competence. Children are generally presumed not to be competent unless evidence shows otherwise. There is no statutory test for competence and professionals rely on a concept derived from case law, called 'Gillick competency'.

Some stakeholders want a statutory test for competency to be established, that would work in a similar way to the test for capacity.

The Government published a [Draft Mental Health Bill](#) in June 2022. It set out proposed amendments to the Mental Health Act 1983, including:

- Redefining “mental disorder” so autistic people and people with a learning disability could not be treated under section 3 without a coexisting psychiatric disorder.
- Raising the threshold for detention and reviewing the need for detention more frequently.
- Replacing the Nearest Relative with a Nominated Person, chosen by the patient.
- Expanding access to advocacy services.
- Removing prisons and police cells as places of safety.
- For patients in the criminal justice system, introducing a ‘supervised discharge’ and a statutory 28-day time limit for transfer from prison to hospital.⁷⁸

Following publication, the draft Bill was subject to pre-legislative scrutiny by a joint committee. In its report, published in January 2023, the committee said it had heard “significant concerns” about a lack of statutory test for decision making ability in under 16s. It said this could prevent children and young people from accessing the safeguards that the Government says will improve patient choice and autonomy, such as choosing a nominated

⁷⁸ Department of Health and Social Care and Ministry of Justice, [Draft Mental Health Bill 2022](#), 27 June 2022

person.⁷⁹ The report says a statutory test of child competence is necessary and recommends the Government should consult on its development.⁸⁰

The committee also said it heard “significant concerns” about children being placed in inappropriate settings, such as out of area placements and adult wards. The committee recommended the Government amend the Mental Health Act to strengthen safeguards against such admissions:

The Government must take the opportunity of this legislation to strengthen the protections in the Mental Health Act against children and young people being placed in inappropriate settings, such as adult wards or placements out of area. For example, the draft Bill must amend duties on hospital managers to ensure that there are sufficient services for children and young people, and there must be stronger procedural requirements where inappropriate placements are considered, including a requirement that such a placement is demonstrably in the child's best interests. It is imperative that these reforms coincide with developments in the provision of specialist services for children and young people to address the core driver of this problem.

Further information about the reform process is available in the Library briefing paper on [Reforming the Mental Health Act](#). More detailed analysis of how the reforms might affect children and young people can be found in a POSTnote on [Mental Health Act Reform - Children and Young People](#).

⁷⁹ Para 218

⁸⁰ Paras 221-222

6 Children and young people's mental health inpatient services

6.1 Inpatient safety reviews

Rapid review into patient safety data

In January 2023, following high profile cases of abuse and deaths in mental health inpatient units,⁸¹ the Government announced a rapid review into patient safety in mental health inpatient settings in England, focusing on what data related to safety is collected and how it is used.⁸²

The review's report, published in June 2023, said children and young people's inpatient services were among the services more likely to have "closed cultures" around safety and risk.⁸³

The report made 13 recommendations, including a programme of work to ensure data collection includes metrics on the environments that create or reduce risks. The report also recommended the burden of data entry on staff should be reduced and there should be increased focus on "soft intelligence" such as patient, visitor and carer feedback. It was also recommended that mental health estates should be reviewed to consider design features that improve patient safety, such as rooms for a family member to stay overnight when a young person is admitted for the first time.

National investigation of mental health inpatient services

In June 2023, the Government announced that a national investigation of mental health inpatient services will commence in October 2023.⁸⁴

The investigation will look at:

⁸¹ See for example BBC News, "[I went undercover to expose abuse at a mental health hospital](#)", 29 September 2022; The Independent, "[The harrowing 'systemic abuse' at children's hospitals revealed](#)", 27 October 2022

⁸² [HCWS512 23 January 2023](#)

⁸³ Department of Health and Social Care, [Rapid review into data on mental health inpatient settings: final report and recommendations](#), 28 June 2023

⁸⁴ [HC Deb 28 June 2023, c294](#)

- how providers learn from deaths and use the learning to improve services;
- young people's experiences of inpatient care and how it can be improved;
- out of area placements;
- development of a safe staffing model for inpatient services.

The investigation will be led by the Health Services Safety Investigations Body (HSSIB), an arm's length body of the Department of Health and Social Care. The HSIBB evolved from the Healthcare Safety Investigation Branch and was established on a statutory footing by the Health and Care Act 2022.⁸⁵ The HSSIB will have the power to fine people who refuse to give evidence.

Alongside this announcement, the Government said they would be placing an [independent inquiry into the deaths of people who were patients of Essex mental health services](#) on a statutory footing.⁸⁶ This means that the inquiry has the power to force witnesses, such as former staff, to give evidence.

6.2 Use of out of area and adult beds

Are there enough inpatient mental health beds for children and young people?

The number of inpatient mental health beds commissioned by NHS England for children and young people is not routinely available. According to a response to a parliamentary question in April 2022, 1,401 beds were commissioned in 2022/23, compared to 1,476 in 2017/18.⁸⁷

The Government has said the model of inpatient care for children and young people is being reviewed and re-designed in order to move away from reliance on inpatient beds towards community provision. It has also said NHS England is developing a national admission protocol for children and young people's inpatient mental health ("Tier 4") services, due for completion in summer 2023.⁸⁸

Use of adult wards

In its [annual reports on the use of the Mental Health Act](#), the Care Quality Commission (CQC) has raised concerns about the increasing number of

⁸⁵ [Part 4, Health and Care Act 2022](#)

⁸⁶ [HC Deb 28 June 2023, c293](#)

⁸⁷ PQ 153864 [on [Mental health services: Children and young people](#)], 26 April 2022

⁸⁸ PQ 183493 [on [Mental health services: Children and young people](#)], 11 May 2023

children and young people being placed on adult wards whilst waiting for an inpatient bed.⁸⁹

By law, the CQC must be notified when a person under 18 is placed in a mental health ward or unit for adults for longer than 48 hours.⁹⁰ In 2020/21, the CQC received 197 notifications of children admitted to adult wards. In 2021/22 it received 260 notifications, an increase of 32%. 70% of the admissions were due to a lack of inpatient or community outreach capacity. Most of the admissions were under the Mental Health Act.⁹¹

Out of area placements

NHS England publishes data on out of area placements in mental health services, but this is limited to adult acute mental health inpatient care. The monthly reports note that information on out of area placements for other types of mental health services, such as children and young people's services, is not available.⁹²

In 2016, there were commitments to end the use of out of area placements for children, but the 2019 NHS Long Term Plan aims to end the use of such beds for adults only:

- In 2016, the Five Year Forward View for Mental Health (FYFVMH) Taskforce recommended the use out of area beds for acute inpatient care should be “eliminated entirely” by 2020/21.⁹³
- In its implementation plan, NHS England specified that the 2020/21 target pertained to children and young people.⁹⁴
- The Government's response to the Taskforce (2017) said it would take forward all the Taskforce's recommendations⁹⁵ and a press release said the Government would support the commitment to eliminate inappropriate inpatient placements for children and young people by 2021, “a practice which currently sees hundreds of children being sent halfway across the country to access mental health services”.⁹⁶
- In 2018, a parliamentary question response said NHS England was undertaking work on collecting data on children sent out of area for inpatient care was but there needed to be clarity on what constitutes an

⁸⁹ Care Quality Commission,

⁹⁰ Regulation 18, [The Care Quality Commission \(Registration\) Regulations 2009](#)

⁹¹ Care Quality Commission, [Monitoring the Mental Health Act in 2021 to 2022](#), 1 December 2022, p27

⁹² See NHS Digital, [Out of Area Placements in Mental Health Services](#) for monthly reports

⁹³ Mental Health Taskforce to the NHS in England, Five Year Forward View for Mental Health, February 2016, p34

⁹⁴ NHS England, [Implementing the Five Year Forward View for Mental Health](#), 18 July 2016, p7

⁹⁵ Department of Health and Social Care, [Five Year Forward View for Mental Health: government response](#), 9 January 2017, p1

⁹⁶ HM Government press release, [Prime Minister unveils plans to transform mental health support](#), 9 January 2017

out of area placement. The response said the intention was to set out a plan for data collection in the next three months.⁹⁷

- The NHS Long Term Plan (2019) said the FYFVMH programme aimed to eliminate out-of-area placements for “non-specialist acute care by 2021.”⁹⁸ The Mental Health Implementation Plan says the ambition is to end all “inappropriate adult out of area placements by 2021”.⁹⁹

6.3 Mental health inpatient quality improvement programmes

Mental Health, Learning Disability and Autism Inpatient Quality Transformation Programme

In 2022, NHS England launched a three-year [Mental Health, Learning Disability and Autism Inpatient Quality Transformation Programme](#). The programme was established to look at the root causes of poor-quality care and safety in inpatient mental health settings and to support cultural change. It focuses on the following themes:

1. Localising and realigning inpatient services, harnessing the potential of people and communities.
2. Improving culture and supporting staff
3. Supporting systems and providers facing immediate challenges
4. Making oversight and support arrangements fit for the sector.¹⁰⁰

National Quality Improvement Taskforce for children and young people's mental health inpatient services

In 2019, NHS England set up a taskforce to look at improvements to mental health, learning disability and autism inpatient services for young people. An oversight board was established, chaired by the Children's Commissioner for England.¹⁰¹

⁹⁷ PQ 135741 [on: [Mental health services: Out of area treatment](#)], 18 April 2018

⁹⁸ NHS England, [The NHS Long Term Plan](#), 7 January 2019, para 3.102

⁹⁹ NHS England, [NHS Mental Health Implementation Plan 2019/20 – 2023/24](#), 23 July 2019, p34

¹⁰⁰ NHS England, [Mental Health, Learning Disability and Autism Inpatient Quality Transformation Programme](#) (accessed 3 August 2023)

¹⁰¹ NHS England, [“NHS taskforce to drive improvements in young people's hospital mental health, learning disability and autism care”](#), 10 October 2019

The Taskforce's charter said it would look at the workforce, hospital facilities and reducing inappropriate and long inpatient admissions.¹⁰² In November 2022, the Government said the Taskforce aimed to finish its work in Spring 2023.¹⁰³

6.4 Use of restraint, seclusion and segregation in children's mental health settings

The [Mental Health Act 1983: Code of Practice](#) (the Code) provides statutory guidance on restrictive interventions for people receiving treatment for a mental disorder in a hospital. The guidance applies to all people receiving treatment for a mental disorder, regardless of age and whether or not they are detained under the Mental Health Act.¹⁰⁴

Restrictive interventions include physical and chemical restraint, seclusion and long-term segregation. The Code says such interventions should only be used "where there is a real possibility of harm to the person or others if no action is undertaken".¹⁰⁵ The Code also includes specific guidance on the use of restrictive interventions in relation to children and young people.¹⁰⁶

The CQC has published a series of reports on the use of restraint, seclusion and segregation in care services, including hospitals, for people with mental health conditions, autistic people and people with a learning disability. [The initial report, published in 2020, found inappropriate use of restrictive practices](#) and made a series of recommendations to the Government and arms-length bodies.¹⁰⁷ The CQC has published two progress reports on the recommendations. The March 2022 review found that none of the recommendations have been fully achieved and four have been partially achieved.¹⁰⁸

Mental Health Units (Use of force) Act 2018

The [Mental Health Units \(Use of Force\) Act 2018](#) (known as "Seni's Law") provides for the oversight and management of use of force in relation to patients in mental health units and similar settings in England.¹⁰⁹ The Act was

¹⁰² NHS England, [Taskforce Charter: National Quality Improvement Taskforce for children and young people's mental health inpatient services](#), 24 January 2020

¹⁰³ PQ 77615 [on [Mental health services: Children and young people](#)], 8 November 2022

¹⁰⁴ Department of Health and Social Care, [Code of practice: Mental Health Act 1983](#), 15 January 2015, para 26.3

¹⁰⁵ As above, para 26.36

¹⁰⁶ As above, paras 26.52-26.61

¹⁰⁷ Care Quality Commission, [Out of sight – who cares?: Restraint, segregation and seclusion review](#), 22 October 2020, pp47-52

¹⁰⁸ Care Quality Commission, [Out of sight – who cares? Progress report \(March 2022\)](#) [Restraint, segregation and seclusion review](#), March 2022

¹⁰⁹ [Mental Health Units \(Use of Force\) Act 2018](#)

introduced as a Private Member's Bill following the death of Olaseni Lewis, a 23-year-old who died soon after being restrained by 11 police officers in a psychiatric hospital. Most provisions in the Act came into force on 31 March 2022.¹¹⁰

The Act introduced statutory requirements in relation to the use of force in mental health units, including requiring service providers to:

- Have a written policy on the use of force.
- Provide patients with information about their rights in relation to the use of force.
- Provide staff with training on the appropriate use of force.
- Keep a record of any use of force.
- In the case of death or serious injuries following the use of force, have regard to all relevant NHS and CQC guidance on investigations.
- Appoint a 'responsible person' who is accountable for ensuring the requirements in the Act are carried out.

These provisions came into force on 31 March 2022.¹¹¹

In addition, the Act includes provisions on the use of body cameras worn by police officers who attend mental health units for any reason. It also includes provisions for a new duty on the Secretary of State to produce an annual report on the use of force at mental health units, including statistics. As of August 2023, these provisions have not yet come into force.

The Department of Health and Social Care has published [statutory guidance for NHS organisations in England, and police forces in England and Wales](#), in relation to the Act.¹¹² In relation to children and young people, the guidance says:

- Organisations providing services mainly or wholly for children and young people should appoint a responsible person with knowledge and experience of working with this group.
- The organisation's policy should include information on how children's rights will be protected when they are separated from others on the ward, covering "for example, the physical environment, personal

¹¹⁰ [The Mental Health Units \(Use of Force\) Act 2018 \(Commencement No. 2\) Regulations 2021 SI 2021/1372](#)

¹¹¹ [The Mental Health Units \(Use of Force\) Act 2018 \(Commencement No. 2\) Regulations 2021 SI 2021/1372](#)

¹¹² Department of Health and Social Care, [Mental Health Units \(Use of Force\) Act 2018: statutory guidance for NHS organisations in England, and police forces in England and Wales](#), 7 December 2021

possessions, stimulating activities, support and meaningful contact with staff, as well as notifying parents or others with parental responsibility”.

- Training on the use of force should include the impact of trauma and give consideration to the age of the patient, particularly for children and older adults.¹¹³

¹¹³ Department of Health and Social Care, [Mental Health Units \(Use of Force\) Act 2018: statutory guidance for NHS organisations in England, and police forces in England and Wales](#), 7 December 2021, section 3

7 Mental health in schools

7.1 Do schools have to provide mental health services?

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.¹¹⁴ Guidance has been published by the Department for Education on setting up [counselling services in schools](#).¹¹⁵

There are concerns that provision of mental health support in schools is patchy. This was noted by the Care Quality Commission (CQC) in a [2017 review of CYPMHS](#). It noted that when pupils can access high-quality counselling through their schools, it can be an effective form of early intervention. However, the review said it is not always available, and in some cases, there are concerns about the quality of support on offer.¹¹⁶

The Government has published guidance on [Promoting and supporting mental health and wellbeing in schools and colleges](#) (June 2021) which provides an overview of current support and resources.¹¹⁷

In 2018, the Government published guidance on [Mental health and behaviour in schools](#).

7.2 Do schools have to teach about mental health?

Alongside changes to Relationships and Sex Education (RSE), the Government announced the [introduction of statutory health education](#) in July 2018.¹¹⁸

¹¹⁴ Care Quality Commission, [Review of children and young people's mental health services: Phase one report](#), October 2017, p23

¹¹⁵ Department for Education, [Counselling in schools: A blueprint for the future](#), February 2016

¹¹⁶ Care Quality Commission, [Review of children and young people's mental health services: Phase one report](#), October 2017, pp23-24

¹¹⁷ Department for Education, [Promoting and supporting mental health and wellbeing in schools and colleges](#), 2 June 2021

¹¹⁸ Department for Education, [New relationships and health education in schools](#), 19 July 2018

The DfE published [final statutory guidance](#) in June 2019.¹¹⁹

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

The guidance sets out the requirements for health education. The requirements cover physical health and mental wellbeing and make 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.¹²⁰

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 (eg, 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.¹²¹

Further information on health education is provided in the Library briefing on [Personal, Social, Health and Economic Education in schools \(England\)](#).¹²²

¹¹⁹ Department for Education, [Relationships and sex education \(RSE\) and health education](#), 25 June 2019

¹²⁰ As above, pp32-33

¹²¹ Department for Education, [Relationships and sex education \(RSE\) and health education](#), 25 June 2019, p36

¹²² Commons Library Briefing CBP-7303, [Personal, social, health and economic education in schools \(England\)](#)

PSHE requirements on schools

What is PSHE?

The PSHE Association says personal, social, health and economic education (PSHE) is:

...a school curriculum subject in England that helps children and young people stay healthy, safe and prepared for life – and work – in modern Britain. When taught well, PSHE education also helps pupils to achieve their academic potential.¹²³

What provision do schools have to make?

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

The Department for Education's [guidance on PSHE](#) makes clear that it is largely up to schools to determine what is taught. The guidance says “[t]eachers are best placed to understand the needs of their pupils and do not need additional central prescription,” and that this wider topic should build on the statutory requirements in health education, as well as covering other topics:

Schools should seek to use PSHE education to build, where appropriate, on the statutory content already outlined in the national curriculum, the basic school curriculum and in statutory guidance on: drug education, financial education, sex and relationship education (SRE) and the importance of physical activity and diet for a healthy lifestyle.¹²⁴

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

7.3

How do schools work with children and young people's mental health services?

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.¹²⁵

Future in Mind (2015): Mental health services and schools link programme

In response to Future in Mind, work started in 2015 to strengthen partnerships between education providers and mental health services through a pilot

¹²³ PSHE Association, [What is PSHE Education?](#) (accessed 25 May 2022)

¹²⁴ Department for Education, [Personal, social, health and economic education](#), 13 September 2021

¹²⁵ [PQ 501 \[on schools: mental health\], 4 July 2017](#)

linking schools with single points of contact in children and young people's mental health services (CYPMHS). In 2017, Government said the pilot led to improvements in higher quality and more timely referrals to specialist services for pupils.¹²⁶

In 2018, the Government committed to rolling out the Link Programme nationally in its response to the green paper consultation (see below). The programme concluded in March 2022 with over 3,000 schools and colleges involved since it began in 2015.¹²⁷

Transforming children and young people's mental health provision: a green paper (2017)

In 2017, the Department for Education and the Department of Health and Social Care published a green paper consultation on [Transforming children and young people's mental health provision](#). The included a focus on how schools and colleges can work together to support children's mental health (see section 3.6 of this briefing for information on the wider scope of the paper).

Proposals in the green paper included:

- 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.
- 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.

¹²⁶ [PQ 501 \[on schools: mental health\], 4 July 2017](#)

¹²⁷ NHS England, [Link Programme](#) (accessed 9 August 2023)

- Working with Ofsted on how inspection can be used as a force for improvement in addressing mental health needs.¹²⁸

The [Government's response to the green paper consultation](#) (July 2018), committed to taking forward all the proposals, with certain areas trialling the three key measures by the end of 2019.¹²⁹

In 2018, the Education and Health and Social Care Select Committees published a joint report, [The Government's Green Paper on mental health: failing a generation](#).¹³⁰ The report said the strategy was not ambitious enough and raised concerns about the long timeframes involved and added burden on teaching staff.¹³¹ See section 8.1 of this briefing for more information on the committee's report and the Government's response.

Progress on green paper proposals

In May 2022, the Government announced a [further £7 million for schools and colleges](#) to train a Senior Mental Health Lead. This announcement said up to 8,000 more schools and colleges would be able to apply for a training grant by the end of this financial year.¹³²

The National Institute for Health and Care Research (NIHR) has evaluated the development of Mental Health Support Teams in 25 'trailblazer' areas. [Its final report was published in January 2023](#). Key findings included:

- Substantial progress had been made in challenging circumstances.
- There were challenges retaining key staff (education mental health practitioners).
- Education settings welcomed additional mental health support.
- However, there were concerns about students who had problems more significant than 'mild to moderate', but who couldn't access more specialised help.
- One aim of the Mental Health Support Teams is to work on whole-school and whole-college approaches, but in general, trailblazer sites

¹²⁸ Department for Education and Department of Health and Social Care, [Transforming children and young people's mental health provision: a green paper](#), December 2017

¹²⁹ Department for Education and Department of Health and Social Care, [Government response to the consultation on 'Transforming children and young people's mental health provision: a green paper' and next steps](#), July 2018

¹³⁰ Education Committee and Health and Social Care Committee, [The Government's Green Paper on mental health: failing a generation](#), HC 642,9 May 2018

¹³¹ As above, p4

¹³² Department for Education, Department for Digital, Culture, Media & Sport and Department of Health and Social Care Press Release, [Increased mental health support for children and young people](#), 12 May 2022

reported “spending more time supporting children with mental health problems” and some had a strong clinical focus.¹³³

[Figures published by the DfE on 16 May 2023](#) gave a snapshot of progress on the rollout of Mental Health Support Teams, and training for school and college leads:

- 3.4 million students in schools and colleges, or around 35% of all school and college students, were covered by Mental Health Support Team in 2022/23.
- 28% of schools and colleges were covered by a Mental Health Support Team.
- Each team in operation by March 2023 covered 8,500 learners and 17 schools and colleges, on average.
- Coverage varied by region. Taking into account teams operational by March 2023, 22% of schools and colleges in the East of England and the Midlands were covered, compared to 34% in the North West and South West.
- 58% of eligible settings had applied for the £1,200 grant to train a senior mental health lead.
- Take-up of this grant funding varied by school phase, with 73% of secondary schools applying, compared to 59% of primary schools, and 66% of special schools.¹³⁴

A PQ response in 2022 said the Government does not hold data on the number of Mental Health First Aiders in educational settings. It said anyone supporting children and young people can access online Psychological First Aid training.¹³⁵

Covid-19: support for children's mental health in schools and colleges

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.¹³⁶ Up to 7,800 schools and colleges in England were offered initial funding worth £9.5 million to train a

¹³³ Ellins J, and others, [Early evaluation of the Children and Young People's Mental Health Trailblazer programme: a rapid mixed-methods study](#). Southampton: NIHR Health and Social Care Delivery Research Topic Report, January 2023, p4

¹³⁴ Department for Education, [Transparency data, Transforming children and young people's mental health provision](#), data release, 16 May 2023, pp 7,8,11 and 19

¹³⁵ PQ 84883 [on [Education: Mental health](#)], 16 November 2022

¹³⁶ Department for Education Press Release, [Schools and colleges to benefit from boost in expert mental health support](#), 10 May 2021

senior mental health lead. There is a Government commitment to offer this training to all state schools and colleges by 2025.

Funding also includes a £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 pandemic – including trauma, anxiety, or grief.¹³⁷

¹³⁷ Department for Education Press Release, [Schools and colleges to benefit from boost in expert mental health support](#), 10 May 2021

8 Evaluations and commentary on children and young people's mental health services

8.1 Select Committees and the National Audit Office

Joint Education and Health and Social Care Committee: the Government's Green Paper on Mental Health (2018)

In response to the Government's 2017 [Green Paper on children and young people's mental health](#), the Education and Health and Social Care Select Committees published a joint report, [The Government's Green Paper on mental health: failing a generation](#).¹³⁸ In the report, they raised concerns about the long timeframes in the strategy and said they were not ambitious enough.¹³⁹

The report also raised concerns about additional pressures the proposals could place on health and education workforces, particularly the 'Designated Senior Lead for Mental Health' role recruited from existing teaching staff.¹⁴⁰

The report raised concern about children "falling through the gaps" when transitioning from children's to adults' mental health services and recommended the Government undertake a full assessment of transition arrangements.¹⁴¹

The committee also made recommendations for the Government to gather independent evidence concerning the impact of exam pressure on young people's mental health.¹⁴²

Government response

The Government published its [response to the Committee's report](#) in July 2018, in which it rejected the assertion that the plans lacked ambition in

¹³⁸ Education Committee and Health and Social Care Committee, [The Government's Green Paper on mental health: failing a generation](#), HC 642,9 May 2018

¹³⁹ As above, p4

¹⁴⁰ As above, paras 74-82

¹⁴¹ As above, para 49

¹⁴² Education Committee and Health and Social Care Committee, [The Government's Green Paper on mental health: failing a generation](#), HC 642,9 May 2018, para 31

terms of scale and pace, saying “our proposals are genuinely transformational and will take time to roll-out in a meaningful and useful way”.¹⁴³

The Government also said the proposals should not create any additional burdens for teaching staff. It said appointing Designated Senior Leads is not a central requirement.¹⁴⁴

With regards to transitions, the Government said it would review the impact of the Commissioning for Quality and Innovation (CQUIN) scheme to assess whether further action was needed.¹⁴⁵ The 2017/19 MH5 CAMHS Inpatient Transitions to Adult Care CQUIN scheme gave financial incentives to local providers for improved transition planning.¹⁴⁶

The Government said its commitment to making mental health education a compulsory part of the curriculum would help pupils to learn about mental wellbeing and stress, to build resilience and help prepare young people for the pressures of exams.¹⁴⁷

National Audit Office: Improving children and young people's mental health services (2018)

The October 2018 National Audit Office (NAO) report [Improving children and young people's mental health services](#) examined whether the Government was on track to deliver the improvements to children and young people mental health services (CYPMHS) proposed in Future in Mind (see section 3.4).¹⁴⁸

The NAO report acknowledged significant challenges faced by the Government in transforming CYPMHS due to historical under-investment in these services. It said 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 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.”¹⁴⁹ The report also said the “balance

¹⁴³ Department for Education and Department of Health and Social Care, [Response to the select committee report on the children and young people's mental health green paper](#), July 2018, p5

¹⁴⁴ Department for Education and Department of Health and Social Care, [Response to the select committee report on the children and young people's mental health green paper](#), July 2018, p8

¹⁴⁵ As above, p17

¹⁴⁶ See NHS England, [MH5 CAMHS Inpatient Transitions to Adult Care CQUIN](#), April 2017

¹⁴⁷ Department for Education and Department of Health and Social Care, [Response to the select committee report on the children and young people's mental health green paper](#), July 2018, p14

¹⁴⁸ National Audit Office, [Improving Children and Young People's Mental Health Services](#), HC 1618 Session 2017–2019, 9 October 2018

¹⁴⁹ National Audit Office, [Improving Children and Young People's Mental Health Services](#), HC 1618 Session 2017–2019, 9 October 2018, Key findings, pp6–7

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.”¹⁵⁰

The NAO was also critical of the lack of explicit objectives and financial arrangements to deliver the Future in Mind proposals. It said there was no single governance structure for Future in Mind as it was not being managed as a single programme of work.¹⁵¹

Public Accounts Committee: Mental Health Services for children and young people (2019)

Following the publication of the NAO report, [the Public Accounts Committee held an inquiry into mental health services for children and young people](#), during which they questioned the Department of Health and Social Care (DHSC) and NHS England on funding for CYPMHS, the reliability of government data and whether NHS targets were sufficient in the face of rising demand.¹⁵²

The committee made the following conclusions and recommendations in its report:

- Most young people with mental health conditions were not getting treatment, many faced “unacceptably long” waits, and this situation was unlikely to change under the current plans. The DHSC and NHS England should provide annual updates to the committee on the number and proportion of children and young people accessing and waiting for treatment and the progress of the Mental Health Support Teams pilot.
- The greatest barrier to the Government’s ambitions for CYPMHS was getting the right workforce. The annual update should include information on expanding the CYPMHS workforce.
- The Government had not set out the actions or budget needed to deliver the ambitions in Future in Mind and there was not sufficient cross-department co-operation. The DHSC should lead on a cross-departmental plan for the implementation of Future in Mind, setting out what each department is responsible for.
- Action on prevention and early intervention had been slower than work on NHS treatment and should be prioritised.
- ‘Parity of esteem’ had not been defined in terms of outcomes for access, waiting times or patient outcomes. The NHS should clearly define what the concept means in practice and how it is measured.

¹⁵⁰ National Audit Office, [Improving Children and Young People’s Mental Health Services](#), HC 1618 Session 2017–2019, 9 October 2018, Key findings, p7

¹⁵¹ As above, Key findings, p7

¹⁵² Public Accounts Committee, [Mental health services for children and young people inquiry](#), Scope of the inquiry (accessed 9 August 2023)

- Data weaknesses hindered the understanding of how improvement programmes were working. By 2019 the NHS should set out arrangements for collecting data to measure progress in CYPMHS.¹⁵³

Government response

The Government agreed to all of the committee's recommendations except for the cross-departmental plan setting out how the objectives in Future in Mind would be met. The Government said it supported the intent behind the recommendation and would consider it in future, but it "would require considerable time and resource to do it justice and [the Department's] focus at present is on a wide range of delivery and policy priorities".¹⁵⁴

Health and Social Care Committee: Children and Young People's Mental Health (2021)

In 2021, the Health and Social Care Committee published a report on children and young people's mental health. The committee said children and young people were facing a mental health crisis before the pandemic, but the impact of lockdowns and loss of social structures had made the situation worse.¹⁵⁵

The committee noted progress had been made in recent years, such as rolling out Mental Health Support Teams (MHSTs), but it said there would continue to be a large proportion of unmet need even if all targets are met. It said the speed and scale of current plans are not sufficient and urgent action and greater ambition are needed.¹⁵⁶ The committee also said mental health care had been "disappointingly overlooked" in the 2021 Spending Review.¹⁵⁷

Recommendations in the report included:

- Setting up a Cabinet sub-committee to bring together different Government departments to make sure that the challenges relating to children and young people's mental health are addressed.
- NHS Digital should regularly collect and publish prevalence data for mental health conditions every three years and include information on disparities between characteristics such as race and gender.

¹⁵³ Public Accounts Committee, [Mental health services for children and young people](#), HC 1593, 11 January 2019

¹⁵⁴ HM Treasury, [Treasury Minutes: Government response to the Committee of Public Accounts on the Seventy-Second to the Seventy-Seventh reports from Session 2017-19](#), CP 79, April 2019, p9

¹⁵⁵ Health and Social Care Committee, [Children and Young People's Mental Health](#), December 2021, HC 17, p3

¹⁵⁶ As above, p4

¹⁵⁷ As above, p5

- There should be a shift towards early intervention and prevention through the faster roll out of MHSTs, community hubs based on the Youth Information Advice and Counselling service model and digital support.
- Increasing access to mental health services by holding commissioners to account on expenditure and waiting times, developing a roadmap for implementing new waiting time standards, and increasing the size and wellbeing of the workforce.
- Fully funding and scaling up the roll out of Mental Health Support Teams to cover 100% of schools by 2027/28.
- Accelerating the shift towards increased community-based provision and reduced inpatient beds as a national priority.¹⁵⁸

Government response

The Government response was published in March 2022.¹⁵⁹ The Government said it is aware of the increased demand and significant challenges posed by the pandemic. It restated the commitment to increase access, reduce waiting times and improve outcomes and experience in mental health support for children and young people, and accepted many of the recommendations in part and is considering others.

National Audit Office: Progress in improving mental health services in England (2023)

In February 2023, the NAO published a report on [Progress in improving mental health services in England](#). It focuses on the implementation of commitments in the Five Year Forward View for Mental Health (see section 3.5 of this briefing), Stepping forward to 2020/21: The mental health workforce plan for England, and the NHS Long Term Plan (see section 3.7 of this briefing).

Findings specific to the area of children and young people's mental health include:

- NHS England reported that before the pandemic the NHS was on track to meet treatment targets for 0-17 year olds set out in the NHS Long Term Plan, but in 2021/22 it was 3% below its target.¹⁶⁰
- Even if the NHS achieves its 2023-24 access target for CYPMHS (as set out in the Long Term Plan), based on modelling this would equate to only

¹⁵⁸ Health and Social Care Committee, [Children and Young People's Mental Health](#), December 2021, HC 17, pp54-61

¹⁵⁹ Department of Health and Social Care, [The government's response to the Health and Social Care Committee report: children and young people's mental health](#), March 2022

¹⁶⁰ National Audit Office, [Progress in improving mental health services in England](#), 9 February 2023, para 8, p7

around two-fifths of 0 to 17 year olds with a diagnosable mental health need accessing services.¹⁶¹

- The NHS has not yet met its waiting time standard for children and young people with eating disorders (see section 3.3 of this briefing) and waiting times have increased since the pandemic. For example, between April and June 2022, 68% of urgent referrals to children and young people's eating disorder services were seen within a week, against the 95% standard.¹⁶²
- NHS mental health services are “under continued and increasing pressure” and children and young people in particular are reporting poor experiences.¹⁶³
- Since 2015/16, Clinical Commissioning Groups (CCGs) (and from 2022 Integrated Care Boards (ICBs)) have met the Mental Health Investment Standard, a commitment to increase their spending on mental health services faster than their overall allocations.¹⁶⁴
- The NAO estimates that since 2019, CCGs (and now ICBs) have met the target to increase their spend on CYPMHS faster than overall spend on mental health services, although a robust baseline measure was not available.¹⁶⁵

Public Accounts Committee: Progress Improving Mental Health Services (2023)

In April 2023, the Public Accounts Committee questioned officials at the DHSC and NHS England about findings from the NAO's report.

The committee's report, published July 2023, made the following conclusions and recommendations:

- Although there has been an increase in the mental health workforce (a 22% increase between 2016/17 and 2021/22), it has not been even across the professions and is outpaced by the rise in demand for services (referrals increased by 44% between 2016/17 and 2021/22).
- Data for mental health services is lagging behind data for physical health services.
- Integrated Care Boards may struggle to prioritise mental health in the context of funding pressures, addressing backlogs in physical health

¹⁶¹ National Audit Office, [Progress in improving mental health services in England](#), 9 February 2023, para 8, para 1.17, p25

¹⁶² As above, para 9, p7

¹⁶³ National Audit Office, [Progress in improving mental health services in England](#), 9 February 2023, para 10, p8

¹⁶⁴ As above, para 14, p9

¹⁶⁵ As above

services and cuts to central staffing that will affect the support available to ICBS. NHS England and the DHSC should evaluate how ICBS are supporting mental health services and support arrangements for ICBS.

- Although the Government accepted the committee's recommendation in its 2019 report on CYPMHS to define how 'parity of esteem' would be measured, this has not yet been delivered.
- The DHSC have not committed to implementing waiting time standards in all mental health services (see section 3.8 of this briefing).
- There has been more focus on improving NHS mental health treatment than prevention and public health and the local authority public health grant has reduced in real terms. The DHSC must set out how preventative and public health mental health services will be improved and expanded, alongside the relevant workforce, in the upcoming Major Conditions Strategy (see section 3.10 of this briefing).
- NHS England and the DHSC should write to the committee in six months to set out how they will address the conclusions in the committee's report.¹⁶⁶

Government response

The Government is due to respond to the committee's report by 21 September 2023.

8.2

Care Quality Commission

'Are we listening?' Review of CAMHS in England (2018)

In January 2017, then-Prime Minister Theresa May initiated a country-wide review of child and adolescent mental health services led by the Care Quality Commission (CQC).¹⁶⁷

In March 2018, the CQC published the final report of its review, [Are we listening?](#), which found the quality of mental health services for children and young people, including those who have been in care, varied across England.¹⁶⁸ 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 ensure there is joint action across government to make children and young people's

¹⁶⁶ Public Accounts Committee, [Progress Improving Mental Health Services](#), HC 1000, 21 July 2023

¹⁶⁷ Prime Minister's Office Press Release, [Prime Minister unveils plans to transform mental health support](#), 9 January 2017

¹⁶⁸ Care Quality Commission, [Are we listening? A review of children and young people's mental health services](#), March 2018

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.¹⁶⁹

The Government responded to some of the CQC’s recommendations in an Urgent Question response on the day the report was published. The then-Health Minister Steve Brine noted the Government was making improvements, such as rolling out mental health awareness training in all primary schools.¹⁷⁰ In response to a PQ in April 2019, the Government also said the CQC’s report informed the development of the Green Paper on children and young people’s mental health services.¹⁷¹

In October 2020, the CQC published [Children and young people mental health review: Update on local actions](#) based on the findings from a self-assessment questionnaire sent to 152 health and wellbeing board areas.¹⁷² Findings from the 67 boards which submitted responses showed some recommendations had been implemented more than others. The report said there was “strong prevalence of joint commissioning, although not where services for teenagers and young people transitioning (including to adult care) were concerned”.¹⁷³

Mental health care of children and young people during the COVID-19 pandemic (2021)

In June and July 2021, [the CQC carried out reviews of children and young people’s mental health care](#) in seven areas across England. It found the pandemic had an “enormous impact” on children and young people’s mental health and demand on services, particularly in relation to eating disorders.

The CQC said there were examples of systems working together to ensure access to mental health support continued during the pandemic but there were also concerns about siloed working and poor communication between services and families. It said the pandemic exacerbated health inequalities, particularly for people in deprived areas and said more needs to be done to tackle this. The CQC also noted digital technology allowed services to rapidly

¹⁶⁹ Care Quality Commission, [Are we listening? A review of children and young people’s mental health services](#) (landing page), 18 March 2018

¹⁷⁰ [HC Deb 8 March 2018, c464](#)

¹⁷¹ PQ245711 [on [Mental Health Services: Children in Care](#)], 30 April 2019

¹⁷² Care Quality Commission, [Children and young people mental health review: Update on local actions](#), October 2020

¹⁷³ As above, p3

adapt to provide continuity of care, but there were also concerns that some risks might only be picked up in face-to-face scenarios.¹⁷⁴

State of care and Mental Health Act monitoring

The CQC publishes an annual report on trends in health and care in England. The 2021/22 report highlighted children and young people's mental health as an area of concern.¹⁷⁵ The 2020/21 State of Care report also noted the impact of the pandemic on demand for children and young people's mental health services.¹⁷⁶

The CQC also publishes annual reports on the use of the Mental Health Act in England. The 2021/22 report said workforce issues and staff shortages are affecting the quality and safety of care and gaps in community care are impacting on inpatient care. The report said the CQC is concerned CYPMHS are not meeting the rise in demand and this is increasing the risk of children being held in inappropriate environments whilst waiting for inpatient beds.¹⁷⁷

8.3

Children's Commissioner for England

Annual reports on children's mental health services

The Children's Commissioner's report on [Children's mental health services 2021 to 2022](#) found:

- Less than half (47%) of the estimated 1.4 million children with a mental health disorder had at least one contact with CYPMHS. Just over a third had two contacts.
- The percentage of children who had their referrals closed before treatment declined between 2018/19 (36%) and 2020/21 (24%). But in 2021/22 the percentage increased (32%).
- The average waiting time between referral to CYPMHS and treatment increased between 2020/21 (32 days) and 2023/22 (40 days).
- Spending on CYPMHS has increased every year since 2017/18.
- The number of children admitted to inpatient mental health wards and the number of children detained under the Mental Health Act fell. The majority of children detained under the Act were girls (71%).

¹⁷⁴ Care Quality Commission, [Provider collaboration review: Mental health care of children and young people during the COVID-19 pandemic](#), 12 May 2022

¹⁷⁵ Care Quality Commission, [State of Care 2021/22](#), 21 October 2022, Areas of specific concern

¹⁷⁶ Care Quality Commission, [State of Care 2020/21](#), 22 October 2021

¹⁷⁷ Care Quality Commission, [Monitoring the Mental Health Act in 2021 to 2022](#), 1 December 2022

- More children are being deprived of their liberty in other settings than hospitals.
- Children interviewed in inpatient settings said they wanted earlier intervention to prevent crisis admissions and reported variation in the quality of their relationships with staff.
- Data on CYPMHS inpatient settings is patchy and hinders quality improvement.¹⁷⁸

Ten recommendations were made in the report:

1. The upcoming Major Conditions Strategy (see section 3.10 of this briefing) must have a core focus on children's mental health needs, from prevention to inpatient services, and join up with the Department for Education's strategies.
2. Integrated Care Partnerships should be held accountable for prioritising children's needs in their strategies, which should be scrutinised using key metrics.
3. There must be a mechanism for schools to contribute to Integrated Care Partnerships. Schools should become a statutory member of safeguarding partnerships.
4. Recommendations 10 to 14 of the Children's Commissioner's Family Review on improving local integration should be adopted by the Government to tackle the determinants of children's mental health and ensure community support.
5. Mental Health Support Teams should be rolled out to every school by the end of 2025.
6. The DfE, DHSC and MoJ should develop a joint commissioning strategy for care of children with mental health needs who may have also offended.
7. The DfE and DHSC must establish a resolution process for children who are "falling between the gaps" between detention under the Mental Health Act and secure welfare accommodation. Data on the number of children subject to Deprivation of Liberty authorisations should be collected and published.
8. NHS England should review family visiting arrangements in CYPMHS inpatient settings and fund the role of Family Ambassadors for another year.

¹⁷⁸ Children's Commissioner, [Children's mental health services 2021-2022](#), March 2023, p8-9

9. The DfE, DHSC and NHS England should establish an improvement network for inpatient school settings to allow best practice sharing.
10. NHS England must publish “sufficient data” on children in inpatient settings, including:
 - a) The number of children detained under the Mental Health Act and the types of ward they are on, including use of adult wards.
 - b) A database of all children’s inpatient mental health settings, including information on the number of children, their demographics and features of their stay such as length, legal basis and distance from home.
 - c) The number of children that have seen an advocate and made complaints.
 - d) The number of children in inpatient settings who have an Education, Health and Care Plan and the number of children who are Looked After or have a Child in Need or Child Protection Plan.
 - e) The number of safeguarding referrals to the Local Authority regarding about mental health settings.¹⁷⁹

A Head Start: Early support for children’s mental health (2022)

In July 2022, the Children’s Commissioner published a report on [Early support for children’s mental health](#). The report set out six ambitions for improving early support:

1. Every family receives support to promote good mental health and wellbeing through pregnancy and the early years through Family Hubs, including mental health support for parents where needed.
2. All children are protected from harm and taught the digital skills they need to be safe online, making the online world safe and exciting place for children to have fun, learn and connect with others, and all.
3. All children have plentiful access to safe and fun spaces to play with their friends.
4. All children’s needs are met where they are and they receive support in school, through families of schools.
5. The taboo of accessing support needs to be broken by making sure children can access it quickly, locally, in their communities or online.

¹⁷⁹ Children’s Commissioner, [Children’s mental health services 2021-2022](#), March 2023, pp34-37

6. Specialist NHS support is available for any child who needs it, with no child turned away or stuck in a spiral of escalation whilst waiting for support.¹⁸⁰

Thematic reports on children's mental health

The Children's Commissioner has also published the following reports:

- [Children's experiences in mental health wards](#) (2020)
- [Who are they? Where are they?](#) (2020)
- [Inpatient mental health wards during Covid-19](#) (2020)

¹⁸⁰ Children's Commissioner, [A Head Start: Early support for children's mental health](#), 7 July 2022

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