



Mental Health  
Network  
NHS Confederation

# Reaching the tipping point

Children and young people's mental health

August 2021

# About

This report considers what impact the pandemic has had on children and young people's mental health, the services that support them, and how local systems are working in new ways to confront the issues before them.

The NHS Confederation is the membership organisation that brings together, supports and speaks for the whole healthcare system in England, Wales and Northern Ireland. The members we represent employ 1.5 million staff, care for more than 1 million patients a day and control £150 billion of public expenditure. We promote collaboration and partnership working as the key to improving population health, delivering high-quality care and reducing health inequalities.

The Mental Health Network, which is part of the NHS Confederation, is the voice of NHS-funded mental health and learning disability service providers and commissioners in England.

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# Key points

- There is mounting concern that the mental health system for children and young people in England is reaching tipping point, with the COVID-19 pandemic having exacerbated existing challenges, including mental health inequalities.
- There are significant increases in demand for mental health support for children and young people across all services – from primary care to NHS specialist mental health services, voluntary sector, independent sector, and digital providers – but also pressures on acute trusts and local authorities. As many as 1.5 million children and young people may need new or additional mental health support as a result of the pandemic. This figure could be even higher when considering unmet need.
- In particular, demand for support for eating disorders has risen dramatically over the course of the last year. The number of young people completing an urgent pathway for eating disorders has increased by 141 per cent between quarter four in 2019/20 and quarter one in 2021/22.
- Further funding is required to address the increase in demand and to continue the transformation of services and support for children and young people, especially support in schools and other educational settings.
- This needs to include a greater focus on early intervention and addressing the social determinants of mental health. While there is intense pressure on beds now, priority must be given to preventative and early intervention services over the medium-to-long term.

- However, funding alone will not address the problems. It is essential that we address chronic staffing shortages and challenges, including by investing in more children and young people's mental health specialists and in training and education of the wider workforce.
- Children and young people's mental health must be a priority for integrated care systems (ICS). They need to focus on addressing the fragmentation of children and young people's mental health services that many people experience, and improve access to both early intervention and specialist mental health services.

# Introduction

While the majority of children and young people are generally resilient, a significant number require support for their mental health. This was the case before the pandemic and forecasts predict a worrying increase in demand for mental health services in light of the crisis.

Yet a considerable proportion of children and young people who would benefit from specialist mental health services fail to access them, with crisis point all too often the first time a young person speaks up about their problems. This may be because they are not considered ill enough to meet the referral criteria into specialist mental health services, or because there is not enough capacity in the system to address the level of mental health need, which can lead to long waiting times. It can also be because children and young people do not want to access services owing to the stigma around mental health, or because they are not always easy to access or designed to meet their needs.

With the pandemic fuelling demand for services and exacerbating existing challenges, there is mounting concern that the mental health system for children and young people in England is reaching tipping point.

This report considers what impact the pandemic has had on children and young people's mental health, the services that support them, and how local systems are working in new ways to confront the issues before them. To inform this report, we have analysed national data and research, and consulted with members across the NHS Confederation, especially the Mental Health Network.

With the sector facing a set of formidable challenges, this report also sets out five necessary actions to ensure that specialist support is in place for those with the highest levels of need, and early intervention to reduce the number of children and young people needing specialist support.

# The impact of COVID-19 on children and young people's mental health

Even before the pandemic, the prevalence of mental disorders in children and young people was increasing.<sup>1</sup> The rate of probable mental disorder has increased in five-to-16-year-olds, from one in nine in 2017, to one in six in 2020. Identifying why we are seeing an increase in mental health problems is difficult to prove categorically. However, it is likely that the uncertainty and anxieties caused by the lockdowns, the closure of schools, isolation from peer groups, bereavement, and the stresses and pressures on families are all contributing factors.

We are hearing from frontline mental health services that there is a large increase in children and young people experiencing mental distress and needing support, but they are not all reaching the referral criteria for specialist children and young people's mental health services. Mental health problems do not always resolve themselves, so potentially we are storing up problems for the future.<sup>2</sup> The demand modelling suggests that 1.5 million children and young people may need new or additional mental health support as a result of the pandemic. There is a high level of unmet mental health need, so it is likely that figure could be even higher.

## Mental health problems that have increased during the pandemic

Mental health services have seen an increase across a range of mental health problems including depression, anxiety, eating

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## 1.5 million

children and young people may need new or additional mental health support as a result of the pandemic.



disorders and self-harming. The Co-SPACE study, for example, found that younger children aged between four and ten experienced higher levels of difficulty with their mental wellbeing, while a longitudinal study found that there was a 44 per cent increase in symptoms of depression in 11-to-12-year-olds during the early stages of the pandemic, compared to pre-pandemic.<sup>3,4</sup>

“The number of young people completing an urgent pathway for eating disorders has increased by 141 per cent between quarter four in 2019/20 and quarter one in 2021/22.”

There has been a particular increase in young people seeking support for eating disorders (including for Avoidant/Restrictive Food Intake Disorder (ARFID)).<sup>5</sup> The number of young people completing an urgent pathway for eating disorders has increased by 141 per cent between quarter four in 2019/20 and quarter one in 2021/22.<sup>6</sup>

## Taking action: Greater Manchester's eating disorder pathways

Greater Manchester is rethinking its eating disorder service models to improve its assessments, taking a waiting-well approach to support those on waiting lists and to look at how to manage risk in a better way. The city region is also looking at alternatives to admission and is keen to tap into the skills and resource available in the voluntary sector.

**There are two pathways in Greater Manchester:**

- One around ARFID (Avoidant/Restrictive Food Intake Disorder).



- The other will focus on day provision/intermediate care pathway, so that children and young people with eating disorders, who are typically admitted in order to physically stabilise them, could be managed with day provision. They will receive the same level of support but will not need to be admitted.

The latter is open Monday to Friday and led by an advanced nurse practitioner.

## Health inequalities

Changes during the pandemic including isolation associated with lockdowns, closure of schools and other restrictions exacerbated mental health inequalities. While levels of difficulties reduced as restrictions were eased in March 2021, children from low-income households and children with special educational needs/ neurodevelopmental differences (SEN/ND) continued to show higher levels of mental health difficulties.<sup>7</sup> According to the Co-SPACE Study, half of children with SEN/ND had probable emotional problems compared to their non-SEN/ND peers.<sup>8</sup>

During the early stages of the pandemic, Kooth, which provides online mental health support, reported a steep rise in the number of young people from black and minority ethnic (BME) communities accessing their service due to depression, anxiety, suicidal thoughts and self-harm. There was a 9.2 per cent increase in the rate of BME young people presenting with depression, compared to a 16.2 per cent fall in the rate among their white counterparts.<sup>9</sup>

The pandemic is also disproportionately impacting young people who identify as LGBTQ+. Some have felt isolated and feared for their safety, particularly if they had not come out to their family or if members of the household were homophobic. According to Just

68%

of LGBTQ+ young people said that their mental health had worsened since the pandemic.

Like Us, an LGBT+ charity for young people, 68 per cent of LGBT+ young people said that their mental health had worsened since the pandemic, compared to 49 per cent of their non LGBT+ peers.<sup>10</sup>

# The impact on services

Recent data shows a rise in referrals and contact with NHS specialist mental health services, as well as community and inpatient services.<sup>11</sup> But the impact is extending beyond the mental health sector to every part of the system. There has been an increase in demand for mental health support in A&E, acute admissions, primary care, the voluntary sector, the independent sector and digital services.

In the sections below, we explore the data in more detail.

Our members, the providers and commissioners of NHS-funded mental health and learning disability services in England, are clear that the increase in complexity or acuity of these cases is more challenging than just an increase in referrals and it is impacting on all services and their staff, as well as on the young people and their families.

## Primary care

The NHS Confederation's PCN Network, which represents primary care networks (PCNs) across England, reports that its members have seen a 50 per cent increase in mental health problems, particularly for children and young people.<sup>12</sup> This has led to longer and more complex consultations affecting overall primary care capacity, exacerbated by ongoing challenges obtaining referrals to children and young people's mental health services.<sup>13</sup>

PCNs are taking innovative approaches and building on good practice to manage demand, for example by employing social prescribers and other workforce with knowledge of mental health, and by working in partnership with the voluntary sector.

## Taking action: Supporting children and young people's mental health in primary care

### Liverpool

The Young Person's Advisory Service (also known as YPAS), is a voluntary sector organisation that offers a range of wellbeing and therapeutic services to children and young people aged five to 25 in Liverpool.<sup>14</sup>

Its primary care liaison (PCL) service works with individuals aged 0 to 25 years who present at GP surgeries with common mental health difficulties.<sup>15</sup> This will include those who do not require specialist secondary care and can be effectively treated in the primary care setting. The service provides low-level interventions based on cognitive behavioural therapy as well as information, advice and guidance via GP surgeries, YPAS hubs and Zoom.

The team is made up of qualified children and young people's wellbeing practitioners. They are experienced mental health practitioners, who are based across the three YPAS hubs: Central, North and South.

The PCL service works closely with other teams within child and adolescent mental health services (CAMHS) and adult mental health services (AMHS) and utilises the weekly multidisciplinary team meetings at YPAS to support children and young people with more complex needs.

The PCL service also works with parents/carers and can support them with the difficulties their children are presenting with. Staff are trained in the Cathy Creswell 'helping your child with fears and worries' approach and a behaviour conduct intervention.



Liverpool has a strong history of integrating the voluntary sector into its children and young people's mental health offer. YPAS is part of the Liverpool CAMHS offer, which provides an integrated and comprehensive range of support from both voluntary and statutory services across the city.<sup>16</sup>

There is other innovative work taking place in primary care, often working in partnership with the voluntary sector. Youth Access has produced a briefing<sup>17</sup> about social prescribing for young adults that includes a case study about Sheffield Futures, which, among other services, provides a social prescribing service. They have built partnerships with several of Sheffield's PCNs.

### **Milton Keynes**

In Milton Keynes, The Bridge PCN and local partners took a population health approach<sup>18</sup> to understanding the mental health needs of their local community. As a result, one of their priorities was children and young people's mental health. The Bridge PCN and its local partners developed two community-based approaches to increase the number of children and young people they support.

Together, they set up Talk for Sport, an exercise-based therapy programme that provides eight weekly gym sessions for young people aged 11 to 18 with low to moderate mental health issues. The aim was to use these sports sessions as a way of providing education and support on topics such as mental health and resilience, nutrition and bullying.

They used pre- and post-programme questionnaires and found that nearly three quarters of the young people who accessed the programme had previously used children and young people's mental health services. The post-course questionnaire found that the mental wellbeing of just over two-thirds of young people had improved. As the programme was developed in partnership, the cost to the PCN was only £1,000, making it a highly cost-effective intervention.

## Mental health services

There was a big dip in the number of referrals to children and young people's mental health services between March and April 2020, but it has been increasing ever since.<sup>19</sup> Between March 2020 and February 2021, there was a 29 per cent increase in the number of children and young people in contact with mental health services, and there has been a significant increase in the number of children and young people in contact with eating disorder services. There was a 47 per cent increase in the number of new emergency referrals to crisis care teams in under-18-year-olds between December 2019 and April 2021.

The number of young people completing an urgent pathway for eating disorders has increased by 141 per cent between quarter four in 2019/20 and quarter one in 2021/22, and the number of urgent cases still waiting has more than doubled over the last year.<sup>20</sup> Even in normal times, children and young people can spend a long time on waiting lists. This can increase the acuity of presentations and make it more challenging to provide support and interventions.

Schools and other educational settings are essential for early identification and are a key part of the referral pathway. The closure of schools will have had a significant impact on why there was a reduction in the number of children and young people being referred to children and young people's mental health services during the early stages of the pandemic. This is despite mental health services still being open during that time.

## Acute and urgent and emergency care services

We are hearing from frontline services that children and young people with mental health needs are increasingly being admitted to acute beds. A report from the Royal College of Paediatrics and Child Health on the impact of COVID-19 on child health services found that the number of children and young people in

paediatric beds with a mental health need nearly doubled between September 2019 and December 2020.<sup>21</sup> There is significant variation across the country in the proportion of children and young people occupying a bed due to mental health needs. Rates are particularly high in the South East, Midlands and the South West. Over 38 per cent of paediatric services said that they did not have an effective joint pathway with CAMHS.<sup>22</sup>

If a bed cannot be found, children and young people are often left waiting in A&E, 136 suites and other, often inappropriate, settings.

## Independent sector

Our independent sector mental health providers are also highlighting an increase in demand for beds for children and young people, often with very complex mental health problems. This report goes into more detail about concerns regarding bed capacity in the section below.

## Voluntary sector services

Place2Be, which works in schools to provide counselling to children and young people, has reported an increase in eating disorders and self-harming behaviours. It provides early intervention support but is seeing more acute issues being presented by children and young people. This is particularly in secondary school pupils.<sup>23</sup>

Mental Health Innovations' text-based service, Shout, is for people finding themselves experiencing mental crisis. It found that 65 per cent of texters are under 25, 55 per cent of texters are new to their service every day, and 38 per cent of those said that it was the first time that they have spoken to someone about their problems.<sup>24</sup>



## Digital providers

Kooth, which provides digital mental health support for children and young people, has seen a rise in demand, with a doubling of the number of young people with eating disorder presentations. These were mainly people with previous or existing eating disorders who had become unwell again during the pandemic, but some were new cases.<sup>25</sup> Kooth has also seen an increase in cases of ARFID and a rise in risk presentations, such as self-harming or suicidal thoughts. About 65 per cent were within the severe risk category.

## Local authorities and social care

The increase in demand is not just an issue for the NHS. Between September 2020 and March 2021, a growing number of local authorities reported an increase in the complexity of the cases they were seeing.<sup>26</sup> This includes issues such as:

- an increase in both parental and child mental health issues
- young people self-harming, neglect and emotional abuse
- parental issues relating to alcohol and mental health
- cases involving non-accidental injury
- increase in the number of newborn children being presented in care proceedings
- referrals where the family is in acute crisis and there is an escalation of risk in cases that are already open to children's social care.

A survey by the Association of Directors of Adult Social Services (ADASS) of local councils responsible for social services found a large increase in the number of people needing help. In particular, 68 per cent of respondents said that more people were presenting with mental health issues, and 57 per cent said that more people with care support needs were seeking help for domestic abuse or safeguarding.<sup>27</sup>

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# 38%

of paediatric services said that they did not have an effective joint pathway with CAMHS.

“ Witnessing domestic abuse or parental mental health issues can impact on children’s mental health.”

While this data is worrying in its own right, many of these people needing additional support from social services will have children. Witnessing domestic abuse or parental mental health issues can impact on children’s mental health.

# The impact on beds

There are significant pressures on beds for children and young people with mental health needs, especially for eating disorders. Pressures are particularly high in the south and south east of England, but members across the country, in both acute and mental health trusts, have reported that they are also facing pressures.

## Current situation

The current policy direction aims to improve and enhance community provision and reduce reliance on beds. Partly in relation to this policy direction, there has been a reduction in the number in NHS-funded mental health beds for children and young people. At the same time, there has been a sizeable decrease in the number of independent sector beds. Our independent sector members have told us that they have moved away from large units. Some have recently closed units and do not intend to open new ones, citing issues with workforce availability.

To put this into context, in January 2021, NHS England and NHS Improvement commissioned 1,350 CAMHS beds from both NHS and private providers. The average length of stay on a CAMHS inpatient unit is 107 days for eating disorders.<sup>28</sup> There have been reports of two- to threefold increases in the number of referrals for eating disorder services, both community and inpatient.<sup>29</sup> Given the increase in presentations, the number of beds and the length of stays, it is not a surprise that there are pressures on CAMHS beds.

During our consultation for this report, some of our members told us that they could not take any further admissions, or they were being asked to admit young people who are outside of the criteria

that they are commissioned to provide services for. This puts services into a difficult situation; if they accept the referral they will not be able to provide the level of support needed, which is likely to lead to safety issues and they will come under significant scrutiny by the regulator, the Care Quality Commission.

Addressing this issue is really challenging in the short term, as these are very ill young people who do require inpatient provision. Young people may be waiting for a bed in A&E, in a 136 suite or at home. We hear from members that they spend a lot of time frantically looking for a bed for a young person. Often a young person is placed in an acute paediatric bed or an adult mental health bed. Neither of which are ideal. Longer term, the issue of bed capacity has to be addressed and we need new models for how beds are commissioned and provided, as well as better clinical pathways.

## How to address the challenges

Paediatric services do not necessarily have the expertise to support children and young people with mental health needs. This can lead to tensions around who is responsible for children and young people, which detract from ensuring they receive the support they need. Acute trusts and their staff will need training and support from mental health trusts, which brings its own challenges. With reports of high staff turnover in acute trusts, it makes it harder to provide training and support in a sustainable way.

We are pleased that NHS England and NHS Improvement has recently announced an additional £40 million to help support the system to meet the increase in demand.<sup>30</sup> This consists of capital funding for additional beds and revenue funding for training and alternatives to admission. This funding will help in the short term, but a longer-term approach is needed. NHS England and NHS Improvement has also recently published information about when a young person is likely to need an inpatient bed, which includes a case study to illustrate good practice.<sup>31</sup>

## We Can Talk

There are training packages already available. The We Can Talk project is aimed at improving the experiences of children and young people who present to acute settings in mental health crisis.<sup>32</sup> The training package is co-designed and co-delivered with young people. Since the beginning of the pandemic, the project has been offering free, online, introductory training. So far over 130,000 people have accessed it and it has had considerable impact. Before using the training tool, 49 per cent of staff rated their knowledge of how to manage a young person's emotional health as fairly or very knowledgeable. After using the tool, this increased to 92.8 per cent.<sup>33</sup>

### Taking action: Enabling care closer to home

Being admitted to hospital is not always the best solution for children and young people. For instance, unless a child or young person with eating disorders specifically needs hospital care, they often achieve better outcomes when treated at home.<sup>34</sup> Intensive home treatment is not a new concept, but provider collaboratives have made it easier to commission this type of service.

The Wessex and Dorset Provider Collaborative has recently set up a new service called Closer2Home,<sup>35</sup> an intensive home treatment service that will support children and young people with acute mental health problems in their own homes. It is aimed at children and young people with eating disorders, those who are at risk of self-harm or suicidal thoughts, and those ready to be discharged, but with support.

Sussex Partnership NHS Foundation Trust is the lead provider for the collaborative and will work with other partners to deliver the service across Hampshire, Dorset and the Isle of Wight.

# Addressing the social and wider determinants of mental health

Young people can present in a highly distressed state, but when the issues are unpicked with the young person it is not always linked to a mental health diagnosis. Rather, it is in response to social factors or their understanding of what is happening to them.

Social factors such as poverty and financial challenges, poor housing, witnessing domestic violence, being abused or going into care are all well-established risk factors for mental health problems and can exacerbate existing mental health problems.

The increase in the number of people accessing social care and the complexity of their needs, means that we need now more than ever to address the wider or social determinants of mental health. If we just focus on addressing the NHS or health-related issues, we risk sticking a small plaster over a very large wound.

The move to system working will provide an ideal opportunity to have a joined-up approach to mental health that addresses both the social and clinical needs of children, young people and families.

# System working

System or integrated working is not a new concept and has long been considered essential for supporting children and young people's mental health. However, it has been a challenge to fully implement it and this is partly why children and young people's mental health services can suffer from a fragmented approach to commissioning and provision. The move to ICSs, should be a positive move for children and young people's mental health, as it will make integrated working easier. Some areas are already doing this effectively and working in new and different ways to join up care.

## Taking action: Supporting social and emotional mental health in Doncaster

Doncaster has a good history of joint working on children and young people's mental health. During the pandemic, the town saw a significant increase in the number of presentations to A&E due to young people self-harming, or with suicidal intent.

### Working together

In response, the Doncaster health and care system set up the Doncaster Social and Emotional Mental Health group, a multi-agency forum that includes key influencers and decision-makers across the Doncaster Children's Partnership. Multi-agency partners present cases at weekly meetings, which is an important step as some schools were unaware that pupils had attended A&E due to self-harming and/or with suicidal intent, which made it difficult to provide appropriate support.

The multi-agency team undertook a deep dive to establish which pupils from which schools attended A&E due to mental



health issues. It worked with the provider for children and young people's mental health services to ensure that pupils received appropriate support, especially those with the highest level of need. The police form part of this team. As a result, they are more sighted on local children at risk, who may have become more vulnerable during the pandemic. The force also supports parents and carers who may be at risk of domestic violence.

### **Joint decision-making, funding and commissioning**

The clinical commissioning group and local authority have set up and chair a mental health strategy group to lead on the local strategic response to mental health over next five years. This work has led to joint decision-making, joint funding and joint commissioning. The group has ensured that people with lived experience are at the heart of their work. This links into other work they are doing to support communities and address the social determinants of mental health rather than just the symptoms.

### **The importance of early intervention and prevention**

Doncaster still faces similar challenges to elsewhere in the country. Access to inpatient beds is a challenge and impacts on the ability to offer the right care at the right time, in the right place. A well-managed and timely admission into inpatient mental health care is more likely to result in a shorter stay and safe discharge. Developing a multi-agency workforce is also a challenge. But despite this, Doncaster remains committed to implementing the complete mental health and eating disorder pathways. As a health, education and social care system, they acknowledge early help and prevention is instrumental to enable positive mental health and wellbeing for children and young people.



## Taking action: Ensuring parity for mental health in Greater Manchester

Although fully joined-up working remains a challenge in some areas, the development of ICSs and changes to legislation should help systems work in more joined-up ways than was previously possible. The culture shift that underpins this transformation could take some time and may be more difficult to change, but it can be done.

For mental health, and more specifically children and young people's mental health, another challenge is likely to be how ICSs will give it the priority it deserves and ensure parity with physical health needs. The developing Greater Manchester ICS is a good example of how mental health can have parity and work in an integrated way. As well as parity for mental health, there also needs to be parity for children and young people, because as a group, they are often overlooked.

### **A system-wide mental health programme**

Greater Manchester is a developed system which has an established team of medical directors (MD), including an MD who leads on mental health. Having mental health at the table is reflective of the ICS's model and the intention to place mental health at its heart.

When the current devolved model becomes an ICS this year, it will retain a single mental health programme at ICS level. This programme will have its own governance and infrastructure. The programme is system wide, has a broad ecosystem of mental health – so not just health – and brings in partners from the voluntary, community and social enterprise sector, primary care, secondary care, education, local authorities and social care.



Not all work will happen at system level; the city region still has ten place-based systems. But the benefit of having an ICS-level children and young people's programme and an adult mental health programme is that they will not have to do everything ten times.

### **Subsidiarity**

Greater Manchester already has joint commissioning arrangements in place across health and care, as part of devolution arrangements. However, the principles of subsidiarity still apply, ensuring that decisions are made close to the communities they affect and in consultation with them.<sup>36</sup> All ten place-based systems will have a say in decisions made about services commissioned and provided for their population, but they won't have to all duplicate commissioning processes.

## **Taking action: Working in schools and colleges in south-west London**

In 2017 the South-West London Health and Care Partnership agreed to champion children and young people as its prevention priority and started by focusing on the problem of self-harming. The ICS realised that the best way to provide early intervention support was in schools, which at that time was a new partner for the system. This was the start of a process to transform the way the partnership worked through system working with schools, local authorities, commissioners and providers. This included putting NHS resources into schools.

### **Working with children and young people**

The ICS developed a strategy with input from children and young people and held a multi-agency workshop to identify the



root causes and agree on the strategy. Together, they identified the 'prime root cause as there being no consistent early and effective support for emotional wellbeing in their children and young people.'

The work then moved on to developing a whole-school approach to providing mental health support for children and young people, their parents and carers, and teachers in schools and colleges across the six boroughs within the ICS. This included using national funding to develop mental health support teams.

The ICS established a number of collaborative principles to transform mental health support for children and young people:

- Identify system leaders to work with them across organisational boundaries to solve complex problems.
- Set up engagement principles to ensure that the voice of children and young people was a key part of the design and development of the programme. The engagement principles are in all contracts and inform the way they work.
- Collaborative working and leadership is key. They set up key principles for how they work together and agreed on their governance arrangements. This also involved setting up new partnerships with schools.

More information can be found on the South-West London Health and Care Partnership website.<sup>37</sup>

# Managing the current crisis and beyond

There have been numerous reviews of children and young people's mental health services over the years. All have highlighted the need for an integrated approach to commissioning and provision of services.<sup>38,39</sup> The additional funding for children and young people's mental health, and the transformation work underway as part of the NHS Long Term Plan<sup>40</sup> is very welcome, but there is still more work to do. The model going forward must be to work in an integrated way to further develop early intervention services and reduce the need for inpatient beds. This will require the following:

## Workforce

Progress hinges on addressing chronic workforce challenges. To successfully transform services, mental health services need additional workforce capacity, investment in training and innovative approaches to the existing children's workforce. Encouragingly, more people are taking up training in key mental health roles such as psychiatry and nursing. While this is positive news for the future, there is uncertainty over whether this will result in training in children and young people's mental health.

Nonetheless, there are new roles coming on stream, such as child wellbeing practitioners, clinical psychology associates and education mental health practitioners. More generally, there are new roles in primary care such as social prescribers and mental health practitioners. In urgent and emergency care there are mental health nurses working in ambulance control rooms to help ensure people with mental health issues are more appropriately directed

to the right services. This is bringing much-needed additional workforce capacity and will be able to help in the short- to- longer term, however there are concerns about the number of senior staff available to provide supervision for these new roles.

A pinch point causing particularly concern is that, due to capacity challenges within specialist mental health services, some children and young people with mental health needs requiring an inpatient bed must be placed in acute beds. In the short term at least, upskilling the wider children's and acute workforce to increase their confidence and skills in supporting children and young people's mental health needs is likely to help. Training packages can help, but delivering the necessary level of training, support and supervision may make challenging demands on the limited capacity of existing mental health staff. The high turnover of staff in acute hospitals can also make providing in-reach support difficult.

Health Education England is conducting an audit of the children and young people's mental health workforce, the findings of which need to inform the upcoming Comprehensive Spending Review.

## Services and structures

To see a step change, services, structures and staff will need to be more imaginative and ambitious in how they support children and young people and recognise that mental health services are not the only services that can support children and young people's mental health needs. Children and young people's mental health and wellbeing is everybody's responsibility and different agencies need to work together in a strategic and integrated way. Many systems are already using the i-Thrive framework as a way to deliver integrated, person-centred and a needs-led approach to delivering mental health services for children and young people.<sup>41</sup> The voice of children and young people must be central to future service developments. The Children's Society, YoungMinds and other voluntary sector organisations are calling for early support

hubs.<sup>42</sup> They have put forward a compelling case for why these hubs are important but also cost effective.<sup>43</sup>

It is essential to support the mental health and wellbeing of under-fives as well. The first two years of life are critical for healthy brain development and future mental health and wellbeing. As the Parent-Infant Foundation has pointed out, there is a ‘baby blindspot’ in children and young people’s mental health.<sup>44</sup> If we really want to reduce mental health problems, we need more support for babies and families, such as the new Together with Baby service in Essex.<sup>45</sup>

Providing mental health support in schools and educational settings is key to improving early access to mental health support and there is good evidence that it is effective.<sup>46</sup> The new mental health support teams are an important addition to the workforce, but it is essential to learn from the evaluation of the trailblazers<sup>47</sup> and put in place appropriate improvements before rolling this initiative out further. It is also essential that the training for the senior mental health leads in schools is implemented as quickly as possible and any evaluation findings are used to improve this initiative.

Longer term, the National Quality Improvement Taskforce for Children and Young People’s Mental Health Inpatient Services.<sup>48</sup> is looking to improve community provision and reduce reliance on inpatient beds. The challenge is what needs to happen in the short-to-medium term on issues such as bed capacity and alternatives to admissions. While the taskforce and the additional funding will help, services are struggling to find beds for very ill children and young people. This crisis is happening now and needs to be addressed.

Provider collaboratives, which have been in place for several years in the children and young people’s mental health space, have been successful in reducing out-of-area bed days and length of stays in hospital and reinvesting and expanding community provision.<sup>49</sup> Longer term, it is an issue that ICS will have to tackle.

Children and young people do not just present to mental health services and, like other demographics, use a range of services to support their physical, mental, social and educational needs. ICSs have a key role to play and have the potential to make the step change needed. But to do so, children and young people's mental health needs to be seen as a priority across the whole system and be funded accordingly, with directors of children's services and directors of public health on board. Directors of children's services, for example, have a number of statutory duties to support children and families and can be a great ally for mental health services.

# Viewpoint: taking action

The pandemic has highlighted and exacerbated existing weaknesses in the children and young people's mental health system, including the lack of specialist children and young people's mental health workforce.

The policy direction is to move to enhanced community provision and reduce reliance on beds. While this is positive, there are significant pressures on services now as demand for beds rises, particularly for children and young people with eating disorders. This is exacerbated by the closure of independent sector beds.

The current approach is unsustainable, with the system supporting young people now reaching a tipping point. In the medium-to-long-term, priority must be given to preventative and early intervention services. Only that way can we reduce the number of people developing mental health problems or intervene early to reduce the impact on people themselves and their families, and on specialist mental health services.

Addressing the difficulties services are facing in the short term is challenging, as we need the transformation work currently in development, to be in place now. The mental health support teams are being rolled out, and there is funding to ensure that this happens faster and reaches more children, but this will not be until 2023 as the workforce needs to be trained up. There are many positives about this initiative, but the national evaluation has highlighted some concerns that need to be addressed. These include the interventions they are trained to deliver being less suitable for some groups of children and young people, problems recruiting enough senior therapists to act as supervisors, and the lack of engagement with educational settings in some instances.



There are things that can be done now and many of these have already been mentioned in this report. Digital services or voluntary sector services can be commissioned to provide support for children and young people on waiting lists, or who have milder mental health concerns. Some digital and voluntary sector services, such as Kooth, Think Ninja and Place2Be already work with schools. Charities such as Barnardo's are commissioned to provide or work in partnership with statutory sector and other providers to deliver mainstream services, such as the Solar children's wellbeing and mental health service in Solihull.<sup>50</sup> The case study from Doncaster has proven that the whole system needs to work in a joined-up way to understand and address the challenges.

‘Everyone, at every level, who works with children and young people directly, or develops policy that impacts on their lives, needs to do better by them.’

Children and young people themselves have said that mental health and wellbeing is their main concern for having a good future.<sup>51</sup> According to the Children's Commissioner for England, this is across all postcodes, every ethnicity and every class. Everyone, at every level, who works with children and young people directly, or develops policy that impacts on their lives, needs to do better by them.

With the sector facing a set of formidable challenges, we believe that five core actions are needed to ensure that specialist support is in place for those with the highest levels of need:

### **1. Investment in workforce development**

Developing the workforce and increasing their capacity to support children and young people with mental health problems is mission critical, but this will require government funding. Investing in more children and young people's mental health specialists, as well as training, support, and consultation for the wider workforce in the NHS and beyond, is vital.

### **2. Continued investment in transforming the whole children and young people's mental health system**

System transformation is essential, through working alongside people with lived experience to make services more accessible and flexible to meet the needs of children and young people. Sticking a plaster over the gaps and returning to business as usual will do more harm than good. This will need investment to make it a reality.

### **3. Investment in early intervention**

Early intervention and addressing the wider determinants of mental health need to be prioritised and funded accordingly. Upstream interventions are much more cost-effective and can reduce the impact on specialist mental health services and other parts of the system.

### **4. Boosting integrated working**

Integrated working across systems is essential to put in place joint strategic approaches to responding to the needs of local communities. ICSs are ideally placed to work with partners to own this agenda, prioritise it and make it a reality.

### **5. Ensuring mental health representation on ICS boards**

Children and young people's mental health is a complex subject, and ICSs will benefit from having expertise on their integrated care boards and in their integrated care partnerships.

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