



BRIEFING PAPER

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

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Summary

Mental health problems which begin in childhood and adolescence can have a range of negative impacts on individuals and families, which can continue into adult life unless properly treated. Successive Governments have pledged to improve mental health support for children and young people.

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

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

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

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

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

Alongside changes to Relationships and Sex Education, the Government [announced](#) the introduction of statutory health education in July 2018. [Draft statutory guidance](#) on RSE and health education was published, with a [consultation](#) on the guidance that was open until 7 November 2018. The statutory guidance is intended to come into force in September 2020, with schools able to implement the changes from September 2019 if they wish. The draft guidance sets out proposed requirements for health education. The requirements cover physical health and mental wellbeing and make clear that the two are interlinked.

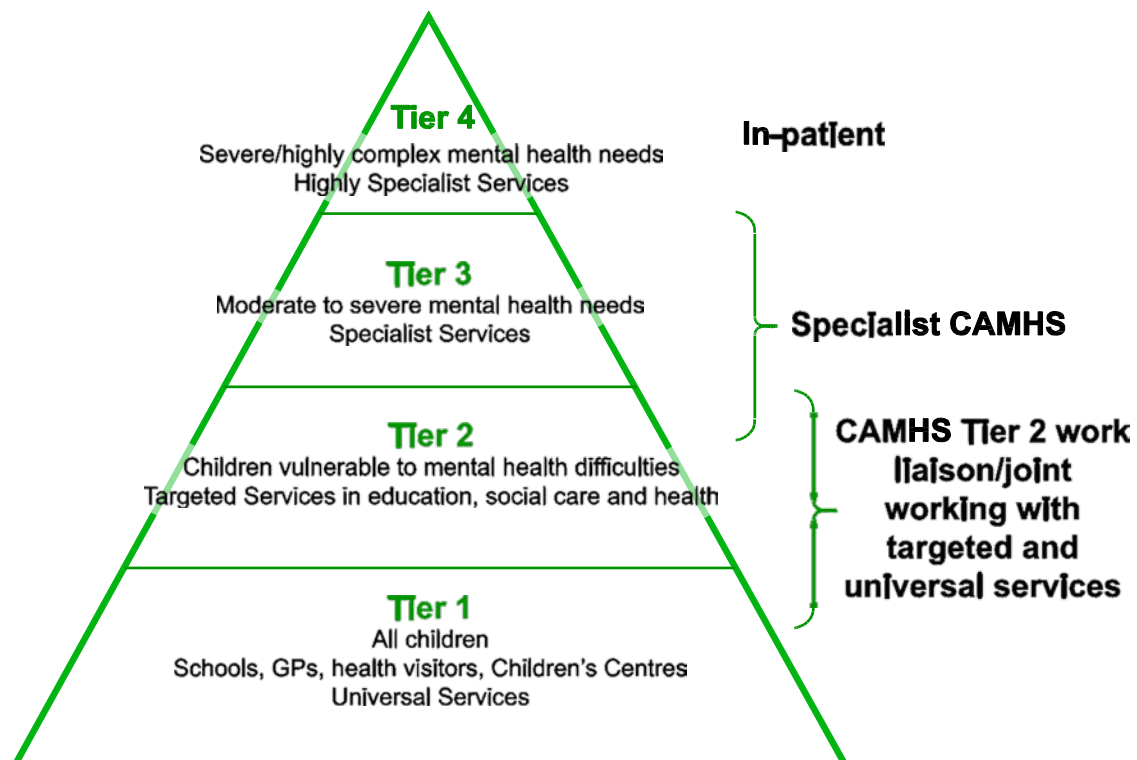
This briefing applies to England only.

1. Background on child and adolescent mental health services (CAMHS)

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

- Universal services (Tier 1 CAMHS)
- Targeted services (Tier 2 CAMHS)
- Specialist community CAMHS (Tier 3 CAMHS)
- Highly specialist services (Tier 4 CAMHS).¹

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



¹ The [Department of Health](#) website (archived pages) provides a brief overview of children and adolescent mental health services (CAMHS). The [Youngminds](#) website also provides advice for children and young people and parents about CAMHS.

² Health Committee, [Children's and adolescents' mental health and CAMHS: Government Response to the Committee's Third Report of Session 2014-15](#), 10 February 2015, HC 1036

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

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

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

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

⁴ Health Committee, [Children's and adolescents' mental health and CAMHS: Government Response to the Committee's Third Report of Session 2014-15](#), 10 February 2015, HC 1036,

2. Government CAMHS policy since 2010

The 2011 mental health strategy, [No Health without Mental Health](#)⁵ set out plans to improve mental health outcomes for people of all ages. The foreword stated that:

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

The [Implementation Framework](#)⁶ for this strategy, published in July 2012, described how different bodies, such as schools, employers and local authorities, should work together to support people's mental health. It recommended that schools promote children and young people's wellbeing and mental health.

In January 2014, the Department of Health published [Closing the Gap: priorities for essential change in mental health](#).⁷ This outlined areas for immediate change to improve mental health care, including specific commitments for children and young people:

- There will be improved access to psychological therapies for children and young people across the whole of England, so that early access to treatment is available. The government has invested in a psychological therapies programme for children and young people, and aims for this to be available throughout England by 2018.⁸
- Schools will be supported to identify mental health problems sooner through guidance published from the Department of Health. A new Special Education Needs (SEN) Code of Practice will also provide statutory guidance on identifying and supporting children and young people with mental health problems who have a special education need.⁹

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

In February 2015, the then Secretary of State for Education, Nicky Morgan, announced an investment of £8.5 million for new schemes to

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

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

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

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

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

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

provide families with mental health support and support early intervention for young people¹¹.

In March 2015, the Department for Education announced an investment of £25 million for voluntary and community sector grants for organisations that work with vulnerable children and young people. For the first time, mental health was identified as a separate theme within the grants, and organisations specialising in child mental health care were awarded £4.9 million. This includes nearly £400,000 for Mind to develop a pilot promoting positive mental health and wellbeing in schools, and £440,000 for the Anna Freud Centre to create a comprehensive directory of all mental health services to provide an authoritative source of mental health information for schools.¹²

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

2.1 Future in Mind (March 2015) and additional funding

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

- tackling stigma and improving attitudes to mental illness
- introducing more access and waiting time standards for services
- establishing 'one stop shop' support services in the community
- improving access for children and young people who are particularly vulnerable.¹⁵

In the March 2015 Budget, the Chancellor of the Exchequer announced £1.25 billion of additional investment in children's mental health over the next five years (with the addition of previous announcements of £150 million for eating disorders, this has been presented as a total of £1.4 billion over the five years from 2015-16). Of the additional funding announced in March 2015, £1 billion is to be provided to start new access standards for children and adolescent services, which the 2015-2017 Government anticipated would see 110,000 more children cared for over the next Parliament. The 2015 Government also committed to investing £118 million by 2018-19 to complete the roll-out of the

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

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

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

¹⁴ "Youth mental health care 'in dark ages' says minister, BBC, August 2014

¹⁵ Department of Health and NHS England, [Future in Mind: promoting, protecting and improving our children and young people's mental health and wellbeing](#), 17 March 2015

Children and Young People's IAPT (Improving Access to Psychological Therapies) programme, to ensure talking therapies are available throughout England. Alongside this, £75 million will be provided between 2015 and 2020 to provide perinatal and antenatal mental health support for women. The Department for Education will also invest £1.5 million to pilot joint training for designated leads in CAMHS services and schools to improve access to mental health services for children and young people.¹⁶

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

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

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

2.2 David Cameron speech on life chances (January 2016)

On 11 January 2016, during a speech on improving life chances, the then Prime Minister David Cameron announced investment to enhance mental health services across the country, including specific funding for perinatal mental health and for teenagers with eating disorders:

£290 million to help new and expectant mums who have poor mental health

One in 5 new mothers develop a mental health problem around the time of the birth of their child and some 30,000 more women need specialist services. If untreated this can turn into a lifelong illness, proven to increase the likelihood of poor outcomes to the mother or new baby.

That is why the government is today announcing a £290 million investment in the years to 2020 which will mean that at least 30,000 more women each year will have access to specialist mental healthcare before and after having their baby. For example, through perinatal classes, new community perinatal

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

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

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

teams and more beds in mother and baby units, mums with serious mental health problems can get the best support and keep their babies with them.

[...]

Faster care and expanded services for teenagers with eating disorders

We know that eating disorders are most likely to affect those aged between 14 and 25 and, if they go untreated for more than 3 to 5 years, the chances of recovery are greatly reduced, while incidents of self-harm increase. We also know that anorexia kills more than any other mental health illness.

As investment in new services expands access to care, teenagers suffering from eating disorders like anorexia will get help much more quickly, and from 2017/2018 a new waiting time measure will track the increasing number of patients being seen within a month of being referred, or within a week for urgent cases.¹⁹

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

[*The Five Year Forward View for Mental Health: A report from the independent Mental Health Taskforce to the NHS in England*](#) was published in February 2016. The Taskforce was launched by NHS England and was independently chaired by Paul Farmer, Chief Executive of Mind.

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

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

The taskforce also called for the recommendations of the 2015 children and young people's taskforce report - *Future in Mind* - to be implemented in full.²⁰

The Government said it welcomed the report's recommendations, and will work with NHS England and other partners to establish a plan for implementing its recommendations.²¹ The then Minister for Community and Social Care, Alistair Burt, said:

¹⁹ Gov.uk, [Prime Minister pledges a revolution in mental health treatment](#), 11 January 2016

²⁰ [*The Five Year Forward View for Mental Health: A report from the independent Mental Health Taskforce to the NHS in England*](#) (February 2016)

²¹ [HC Deb 23 February 2016 c153-4](#)

By the end of this Parliament we will make the Taskforce's recommendations a reality.²²

The Government's Mandates to the NHS for 2016-17 and 2017-18 also contained a directive for the NHS to implement agreed actions from the Mental Health Taskforce.²³

The Taskforce called for an additional investment of £1 billion by 2020/21 to implement change in the priority areas identified by their report. In response, the 2015-2017 Government pledged that an extra £1 billion will be invested in mental health care by 2021 and a million more people will get mental health support.²⁴

Alistair Burt, then Minister for Mental Health, said:

"Today's report gives a fantastic boost to changes in mental health services, with more care available close to people's homes. I particularly welcome the fact that young people and new and expectant mums will get the mental health care they need. For our part, we are investing more than ever before in mental health and will make sure the NHS delivers on this plan."²⁵

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

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

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

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

²² [PO 28310 \[on Mental Health Services: Finance\], 29 February 2016](#)

²³ Department of Health, [The Government's mandate to NHS England for 2016-17](#), page 18; [The Government's mandate to NHS England for 2017-18](#), p22

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

²⁵ Department of Health, [New investment in mental health services](#), 16 February 2016

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- support for NHS England's commitment to eliminate inappropriate placements to inpatient beds for children and young people by 2021.²⁶

Alongside the Prime Minister's announcement, the Government published its [response to the work of the Mental Health Taskforce](#), accepting its recommendation in full. This response also set out measures to address Taskforce recommendations that apply beyond the NHS, for education, employment and the wider community.²⁷

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

- Publishing a Green Paper on children and young people's mental health later this year, to contain new proposals for both improving services across the wider system and increasing focus on preventative activity across all delivery partners
- Supporting schools, colleges and local NHS services to work more closely together to provide dedicated children and young people's mental health services, by evaluating emerging models and approaches, to explore the impact closer working can have. We will support this by funding the provision of mental health first aid training for teachers in secondary schools
- Launching a programme of pilot activity on peer support for young people with their mental wellbeing. The pilots will test the provision of well-trained mentors within a comprehensive support structure in schools, colleges and community settings, as well as online support and resources, to help identify issues and prevent them from escalating
- A programme of randomised control trials of promising preventative programmes, to test three different approaches to mental health promotion and the prevention of mental health illness. The results of these trials will help to give schools the information they need in deciding which programmes are most effective for their pupils
- Requesting that the Care Quality Commission undertakes an in depth thematic review of children and young people's mental health services in 2017/18 – the first of its kind.²⁸

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

A strong and dynamic workforce will be critical for the delivery of Future in Mind. The Health Education England Workforce Strategy due to be published in early 2017 will support this. By 2020/21, at least 1,700 more therapists and supervisors will need to be trained

²⁶ Prime Minister's Office, '[Prime Minister unveils plans to transform mental health support](#)', 9 January 2017

²⁷ HM Government, [The Government's response to the Five Year Forward View for Mental Health](#), January 2017

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

and employed to meet additional demand, and the strategy will also outline actions needed to improve retention of existing staff.

In addition to these new therapists, all localities should work with the existing Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) programme to deliver post-graduate training in specific therapies, leading to at least 3,400 existing children and young people's mental health service staff being trained by 2020/21.²⁹

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

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

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

1. We will incentivise every school and college to identify a Designated Senior Lead for Mental Health to oversee the approach to mental health and wellbeing. All children and young people's mental health services should identify a link for schools and colleges. This link will provide rapid advice, consultation and signposting.
2. We will fund new Mental Health Support Teams, supervised by NHS children and young people's mental health staff, to provide specific extra capacity for early intervention and ongoing help. Their work will be managed jointly by schools, colleges and the NHS. These teams will be linked to groups of primary and secondary schools and to colleges, providing interventions to support those with mild to moderate needs and supporting the promotion of good mental health and wellbeing.
3. As we roll out the new Support Teams, we will trial a four week waiting time for access to specialist NHS children and young people's mental health services. This builds on the expansion of specialist NHS services already underway.³⁰

The [Government's response to the consultation](#), published in July 2017, committed to taking forward all proposals in the Green Paper. The three key proposals outlined above will be trialled in new trailblazer areas, funded by CCGs, with the first wave operational by the end of 2019.³¹ In response to a PQ in December 2018, the Minister for Health and Social Care stated that the trailblazer sites would be "announced shortly".³²

²⁹ HM Government, [The Government's response to the Five Year Forward View for Mental Health](#), January 2017

³⁰ DH and DfE, [Transforming children and young people's mental health provision](#), December 2017, p4

³¹ In response to PQ in December 2018, the

³² [WPOQ 202100 on Mental Health Services: Children](#), 18 December 2018

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

The Education and Health and Social Care Select Committees published a joint report - [The Government's Green Paper on mental health: failing a generation](#) - which said that the Green Paper did not go far enough and risks leaving children without the care they need.³³ See section 3.4 for more detail.

2.5 Delivering the Government's vision in *Future in Mind*

The October 2018 National Audit Office report [Improving children and young people's mental health services](#)³⁴ examined whether the Government was on track to deliver the improvements to children and young people's services proposed in [Future in Mind](#).

The NAO report acknowledged the significant challenges faced by the Government in transforming children and young people's mental health service due to the historical under-investment in these services. The report stated that although the Government's proposed programmes were an important step towards tackling the issues of parity of esteem between mental and physical health services, they did not go far enough. The report estimated 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."³⁵ The report stated that the "balance between pace, funding and need to test approaches means that the Green Paper will only be rolled out to 20–25% of the country by 2023."³⁶

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

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

The government does not have cross-government accountability arrangements in place to ensure Future in Mind is delivered as intended. The government has formed an inter-ministerial group, and supporting cross-departmental group, to discuss mental health policy and share information. There are individual programme governance arrangements in place for the Forward View and cross-sector arrangements starting for the Green Paper. However, as the government is not managing Future in Mind as a single programme of work, there is no single governance structure for its delivery.³⁷

³³ 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

³⁴ National Audit Office, HC 1618 Session 2017–2019 9 October 2018

³⁵ *Ibid*, Key findings, p6

³⁶ *Ibid*, Key findings, p7

³⁷ *Ibid*

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

NHS England cannot be certain all the additional £1.4 billion funding to date was spent as intended, and does not have strong levers to ensure that CCGs increase spending in line with their intentions. [...] NHS England is not confident that data on CCGs' expenditure on mental health are reliable prior to 2017-18 (that is, before the additional funding was made available and in the first years of the funding) and so cannot confirm that CCGs spent all of the additional funding on these services. Analysis of available NHS data indicates that annual expenditure by CCGs went up by about £170 million between 2015-16 and 2017-18 but NHS England accepts that this figure may not be entirely accurate.³⁸

The NAO's conclusions on the slow pace of progress in delivering improvements was also reflected in analysis carried out by the Children's Commissioner for England, Anne Longfield. The [Children's Mental Health briefing](#) by the Office of the Children's Commissioner found that "there is a vast gap between what is provided [by CAMHS] and what children need."³⁹

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

2.6 Waiting time standards

In October 2014, the 2010-2015 Coalition Government announced the first waiting time standards for mental health services, to bring waiting times for mental health in line with those for physical health and achieve parity. From 1 April 2015 (to be fully implemented by April 2016), the new waiting time standards will be as follows:

- 75% of people referred for talking therapies for treatment of common mental health problems like depression and anxiety will start their treatment within six weeks and 95% will start within 18 weeks

³⁸ *Ibid*

³⁹ Office of the Children's Commissioner for England, [Children's Mental Health briefing](#), November 2018, p3

- at least 50% of people aged 14 and over going through their first episode of psychosis will get help within two weeks of being referred: the aim is to increase this percentage in future years.⁴⁰

New waiting times standards for children and young people with an eating disorder came into force in April 2017. The target is by 2020, 95% of young people in need of an eating disorders service will be seen within four weeks, and within one week in urgent cases. Furthermore, (as noted above) under proposals set out in the Green Paper on [Transforming Children and Young People's Mental Health](#), the Government will be trialling a four-week waiting time for access to specialist NHS children and young people's mental health service.⁴¹

2.7 Mental health data collection

The Department of Health and Social Care has commissioned NHS Digital to undertake a Children and Young People's Mental Health Survey to examine the prevalence of mental disorders, the first such national survey since 2004.⁴²

A new Mental Health Services Dataset has also been established, with the first ever provider-level data on children's mental health services being collected from January 2016. The new dataset will provide data for children on outcomes, length of treatment, source of referral, location of appointment and demographic information.⁴³

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

Sections 135 and 136 of the *Mental Health Act 1983* give the police powers to detain and remove persons who appear to be suffering from a mental disorder and take them to a designated "place of safety" until an assessment can take place and appropriate treatment arranged.

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

⁴⁰ Gov.uk, [First ever NHS waiting time standards for mental health announced](#), 8 October 2014

⁴¹ Department of Health, Department for Education, [Transforming Children and Young People's Mental Health Provision: a Green Paper](#), December 2017, page 4

⁴² Publication is expected in autumn 2018. [PQ 140780 \[on Mental Health: Young People\]](#), 10 May 2018

⁴³ NHS Digital, [Mental Health Services Data Set](#), last accessed 23 July 2017

In February 2015, the Home Affairs Select Committee published its report on [Policing and mental health](#).⁴⁴ The Committee recommended that the specific reference to a police station should be removed from the definition of “places of safety” in sections 135 and 136 of the *Mental Health Act 1983*. The Committee strongly criticised the practice of detaining children in police cells under section 136 calling it “a clear failure of commissioning by NHS Clinical Commissioning Groups”.⁴⁵ The Committee was in support of an absolute ban on detaining children in police cells as a place of safety.

In May 2015 Theresa May, the then Home Secretary, announced measures to reduce instances where people experiencing a mental health crisis are held in a police cell as a “place of safety” whilst waiting an assessment.⁴⁶ Subsequently, provisions in the [Policing and Crime Act 2017](#) were introduced amending the *Mental Health Act 1983* and banning the use of police cells as a place of safety for under 18s.⁴⁷

⁴⁴ HC 202 [2014-15]

⁴⁵ Ibid, para 34

⁴⁶ Gov.uk, [Home Secretary's Police Federation 2015 speech](#), 20 May 2015

⁴⁷ [Policing and Crime Act 2017, section 81 \(6\)](#)

3. Select Committee inquiries into children and young people's mental health

3.1 Health Committee inquiry on CAMHS (2014)

In February 2014, the House of Commons Health Select Committee launched an inquiry into children's and adolescent mental health services (CAMHS). The Committee stated that it had decided to undertake the inquiry in light of concerns expressed about "the extent to which children and adolescents are affected by mental health problems and difficulties with gaining access to appropriate treatment".⁴⁸

The inquiry took evidence on:

- The current state of child and adolescent mental health services, including service provision, access and funding.
- Trends in children's and adolescent mental health, including the impact of bullying and of digital culture.
- Preventative action and public mental health.

The inquiry heard from then Minister for Care Services, Norman Lamb, who stressed the 2010-2015 Coalition Government's commitment to improving CAMHS services. However, he also raised concerns about levels of mental health funding allocated to children and young people:

Is it really rational that 6% of the mental health budget is applied to children and young people when we know that a very significant proportion of mental health problems start in the teenage years? ...I think there is overall a funding issue and I will, for as long as I have this job, fight for a better deal for mental health.⁴⁹

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

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

⁴⁸ Health Select Committee, [Terms of Reference: Children's and adolescent mental health and CAMHS](#), 14 February 2014

⁴⁹ Health Select Committee, [Children's and adolescents' mental health and CAMHS](#), 15 July 2014, HC 342 2014-15, Q387

Young people and their parents have described “battles” to get access to CAMHS services, with only the most severely affected young people getting appointments; they also described the devastating impact that long waits for treatment can have. Even amongst those providers implementing quality and efficiency improvement programmes there was concern that improvements were being stalled or even reversed because of increasing demand and reduced funding.⁵⁰

The [Government’s response](#) to the Committee’s report was published in February 2015. It stated that many of the Committee’s recommendations were being considered by [the taskforce on children and young people’s mental health](#), including work on areas such as increasing collaborative commissioning; ways of incentivising investment in early intervention and community services and improving data on children and young people’s mental health services. The Government did however accept the Committee’s view that more needed to be done to drive improvements in standards for children and young people’s mental health services.⁵¹

3.2 Education Select Committee inquiry on mental health and well-being of looked-after children (2016)

In April 2016, the Education Select Committee published a report on the mental health and well-being of looked-after children.

The Committee found that looked-after children face significant challenges in getting access to mental health support. The report states that child and adolescent mental health services are turning away young people in care because they have not met diagnostic thresholds for treatment or because the children are without a stable placement. The Committee said that this is contrary to statutory guidance - [Promoting the health and well-being of looked-after children](#) (March 2015) - which states that looked-after children should never be refused a service on the grounds of their placement being short-term or unplanned.

The report recommended that looked-after children are given priority access to mental health assessments by specialist practitioners, with subsequent treatment based on clinical need.

For the full report, see House of Commons Education Select Committee, [Mental health and well-being of looked-after children](#), Fourth Report of Session 2015–16, HC 481. In September 2016 the Government published its [response](#) to the Committee’s report.

⁵⁰ Health Select Committee, [Children’s and adolescents’ mental health and CAMHS](#), HC 342 2014-15, page 5

⁵¹ Health Committee, [Children’s and adolescents’ mental health and CAMHS: Government Response to the Committee’s Third Report of Session 2014-15](#), 10 February 2015, HC 1036, para 78

3.3 Joint Education and Health Committee inquiry on children and young people's mental health – the role of education (2017)

Following the two reports on children and young people's mental health by the Health and Education Select Committees, late in 2016 the two Committees launched a [joint inquiry](#) into education and children's mental health. They considered the co-ordination between health and education services, the success of early intervention and prevention in schools and colleges and the impact of budget pressures. They also examined how far teachers should go to support children who are experiencing mental health problems and whether further training and skills are required. The role of Ofsted and the influence of social media, including whether technology companies need to take more responsibility for cyberbullying and other online threats, were also scrutinised.

The [Committee's report](#)⁵² welcomed the Government's commitment to make PSHE mandatory in schools and colleges and called for the promotion of well-being to be embedded throughout the education system. They also noted that strong partnerships between the education sector and mental health services improve the provision for children's mental health and well-being. However, the report raised concerns about significant variation in the quality of the links between schools and colleges and CAMHS and in the level of financial support. Their report included the following specific recommendations:

- Schools' approach to mental health and well-being should be properly taken into account and reflected in Ofsted's inspection regime and reporting.
- The Government should strengthen mental health training and continuing professional development for teachers to ensure they are properly equipped to recognise the early signs of mental illness in their pupils and have the confidence to be able to signpost or refer to the right support.
- The Government should commit sufficient resource and build on the [CAMHS link pilot](#) to ensure that effective services can be established in all parts of the country.
- While recognising the important role of parents and social media providers, schools and colleges should help children and young people develop the skills and ability to make wiser and more informed choices about their use of social media.

The Government published its response in September 2017.⁵³ The Government welcomed the Committee's focus on the role of education in mental health and agreed with the Committee on the importance of

⁵² For the full report, see House of Commons Education and Health Committees, [Children and young people's mental health – the role of education](#), First Joint Report of Session 2016–17, HC 849.

⁵³ Children and young people's mental health—the role of education: [Government Response to the First Joint Report of the Education and Health Committees of Session 2016–17](#)

children being taught about the risks of social media, and the potential impact on their mental wellbeing. The Government stated that it would be considering how relationships education, relationships and sex education (RSE), and PSHE can contribute to what pupils are already taught about internet safety as part of the curriculum.

The Government agreed with the Committee that it was important for teachers to understand mental health issues and be able to identify cases where pupils might have an underlying mental health problem. It referred to a new initial teacher training framework, published in July 2016, which included specific details on mental health and the impact on pupil performance.

3.4 Joint Education and Health and Social Care Committee enquiry on the Government's Green Paper on mental health

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

The long timeframes involved in the strategy will leave hundreds of thousands of children and young people unable to benefit from the proposals. Rolling out the plans to only "a fifth to a quarter of the country by 2022/23" is not ambitious enough.⁵⁴

The report also raised concerns about additional pressures that the proposals may place on health and education workforces, particularly the 'Designated Senior Lead for Mental Health' role that will be recruited from existing teaching staff.⁵⁵

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

"Young people are falling through the gaps and not receiving the services they need as they enter adulthood. It is disappointing that there are no substantive plans to deal with the transition from CAMHS to adult mental health services in the Green Paper."⁵⁶

The Committee also made recommendations for the Government to gather independent evidence concerning the impact of exam pressure on young people's mental health.⁵⁷

⁵⁴ 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, page 4

⁵⁵ 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, para 74 - 82

⁵⁶ 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, para 49

⁵⁷ 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, para 31

Government response

The Government published its [response to the Committee's report](#) in July 2018, in which it rejected the Committees' assertion that the plans lack ambition in terms of scale and pace, saying "our proposals are genuinely transformational and will take time to roll-out in a meaningful and useful way".

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

We remain clear that our proposals do not create new jobs for teachers. Instead, the proposals provide additional support to help schools and colleges build on what they are already doing to support the mental health and wellbeing of their pupils. We do not want to place new burdens on schools or colleges; the support we are making available to leads who do engage should offset any burden and we are not making it a central requirement for schools to appoint Designated Senior Leads or to engage with Mental Health Support Teams.⁵⁸

With regards to transitions, the Government said that it is intending to review the impact of the 'Commissioning for Quality and Innovation' scheme (CQUIN) to assess whether further action is needed. The CQUIN scheme gives financial incentives to local providers for improved transition planning and runs from 2017-19.⁵⁹

The Government stated that its commitment to making mental health education a compulsory part of the curriculum will help pupils to learn about mental wellbeing and stress, to build resilience and help prepare young people for the pressures of exams.⁶⁰

⁵⁸ [Government Response to the First Joint Report of the Education and Health and Social Care Committees of Session 2017-19 on Transforming Children and Young People's Mental Health Provision: A Green Paper](#), July 2018, Cm9627, page 8

⁵⁹ [Government Response to the First Joint Report of the Education and Health and Social Care Committees of Session 2017-19 on Transforming Children and Young People's Mental Health Provision: A Green Paper](#), July 2018, Cm9627, page 17

⁶⁰ [Government Response to the First Joint Report of the Education and Health and Social Care Committees of Session 2017-19 on Transforming Children and Young People's Mental Health Provision: A Green Paper](#), July 2018, Cm9627, page 14

4. Mental health in schools

Schools are able to decide on the provision of mental health support for their pupils. Schools are not required to report centrally on the services they provide, but it has been estimated that 70% of secondary schools and 52% of primary schools in England offer counselling services.⁶¹

The Schools Minister, Nick Gibb, has stated that the Government “want to ensure every child is taught about mental wellbeing”, including being taught about the risks of the internet and its potential impact on mental health.⁶²

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.⁶³ There has been work to strengthen partnerships between education providers and mental health services, through a new pilot linking schools with single points of contact in child and adolescent mental health services (CAMHS). The Government has said the pilot has led to improvements in higher quality and more timely referrals to specialist services for pupils.⁶⁴ The pilot initially reached 255 schools, and will be extended to 1,200 schools.

Concerns have been raised that provision of mental health support in schools is currently patchy. This was noted by the Care Quality Commission (CQC) in a recent review of CAMHS services. The CQC noted that when pupils can access high-quality counselling through their schools, it can be an effective form of early intervention. However, the CQC said it is not always available, and in some cases there are concerns about the quality of support on offer.⁶⁵

4.1 Green paper: Impact on schools

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

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

- To incentivise every school and college to identify and train a Designated Senior Lead for Mental Health, with relevant training rolled out to all areas by 2025
- To create new Mental Health Support Teams to work with groups of schools and colleges, and work with Designated Senior Leads in addressing the problems of children with mild to moderate mental

⁶¹ Care Quality Commission, [Review of children and young people’s mental health services; Phase one report](#), October 2017, p23

⁶² [HC Deb 4 July 2017 c1036](#)

⁶³ [PO 501 on schools: mental health, 4 July 2017](#)

⁶⁴ [PO 501 on schools: mental health, 4 July 2017](#)

⁶⁵ Care Quality Commission, [Review of children and young people’s mental health services; Phase one report](#), October 2017, pp23-24

health problems, and provide a link to services for children with severe problems

- Updating existing [mental health and behaviour guidance](#)
- Building on existing mental health awareness training so that a member of staff in every primary and secondary school in England receives mental health awareness training
- Adding a mental health-specific strand within the [Teaching and Leadership Innovation Fund](#)
- Further the aim that all children will learn about mental well-being through consultations on PSHE and Relationships and Sex Education
- Reviewing whether existing requirements on schools on publishing policies and information for parents and carers, including behaviour, safeguarding and SEND policies are adequate
- Working with Ofsted on how inspection can be used as a force for improvement in addressing mental health needs

Response to consultation

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

4.2 Government announcement on suicide prevention

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

- Recruitment has now begun for new mental health support teams who will work with schools to ensure young people with mental health issues get the help they need – trainees will begin studying in January and join schools across England next year
- Starting in 2019, the government will publish a 'State of the Nation' report every year on World Mental Health Day, highlighting the trends and issues in young people's mental well-being – the first time children's mental health will be reported in this way, alongside their physical health and academic attainment
- The government will provide tools to help schools measure their students' health, including their mental wellbeing – building on the commitment to make education in mental health and resilience a compulsory part of the curriculum⁶⁶

⁶⁶ Prime Minister's Office, [PM pledges action on suicide to mark World Mental Health Day](#), 9 October 2018

4.3 Mental health education on the curriculum: 2020 reforms

Alongside changes to Relationships and Sex Education, the Government [announced](#) the introduction of statutory health education in July 2018.⁶⁷ [Draft statutory guidance](#) on RSE and health education was published, with a [consultation](#) on the guidance open that ran until 7 November 2018. The Government has not yet responded to the consultation.

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

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

To provide an indication of what is included under the specific mental health aspects of the curriculum, at **primary** level, pupils would be expected to learn about:

- Mental wellbeing
 - Including: importance of mental well-being alongside physical health; understanding and discussing emotions; benefits of physical exercise; loneliness; where to seek support; that it is common to have mental health problems and that these can be resolved with support

At **secondary** level, pupils would be taught about:

- Mental wellbeing
 - Including: how to talk about emotions; that happiness is linked to being connected to others; how to recognise the early signs of mental wellbeing problems; common types of mental ill health; the positive and negative impact of various activities on mental health

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

Existing position

What is PSHE?

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

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

⁶⁷ Department for Education, [New relationships and health education in schools](#), 19 July 2018

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

What provision do schools have to make?

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

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

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

PSHE Association programme of study

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

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

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

4.4 Earlier Government policy on mental health support in schools

In January 2017, the Prime Minister announced that every secondary school in England will be offered mental health first aid training. The programme, which includes an investment of £200,000 in Government funding in its first year, will start with 1,000 staff and extend in years 2 and 3 to cover every secondary school in England. Teachers and staff will receive practical advice on how to deal with issues such as depression and anxiety, suicide and psychosis, self-harm, and eating disorders.⁶⁸

In December 2015, the then Education Secretary, Nicky Morgan, announced pilot areas across the country to improve mental health services for children in schools. The Mental Health Services and Schools

⁶⁸ Gov.uk, [PM: mental health training for teachers will "make a real difference to children's lives"](#), 27 June 2017

Link Pilots tested a named single point of contact in 255 schools and in 22 pilot areas, to enable more joined-up working between schools and health services. The pilots received a £3 million investment, jointly funded by the Department for Education and NHS England.⁶⁹ The Government have committed to an expansion of the pilot to a further 1200 schools and colleges.

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

At a national level, the pilot programme very much demonstrates the potential added value of providing schools and NHS CAMHS with opportunities to engage in joint planning and training activities, improving the clarity of local pathways to specialist mental health support, and establishing named points of contact in schools and NHS CAMHS. At the same time, the evaluation has underlined the lack of available resources to deliver this offer universally across all schools at this stage within many of the pilot areas. Given the pilots show that additional resources would need to be allocated locally to deliver the offer universally across all schools, further work is needed to understand how sustainable delivery models can be developed.⁷⁰

In March 2015 the Government published a blueprint for school counselling services⁷¹, which provides schools with practical advice on how to deliver high-quality school based counselling.⁷²

In June 2014, in consultation with head teachers, the Department of Health published non-statutory guidance on Mental Health and Behaviour in Schools.⁷³ This advises schools on identifying and supporting pupils whose behaviour suggests they may have unmet mental health needs. The guidance provides information on:

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

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

The Department funded the MindEd website which will help anyone working with children, including all school staff, to spot the signs of mental health problems in children and help them get the support they need. Spotting the signs of mental health

⁶⁹ Department for Education, [Hundreds of schools benefit from £3m mental health investment](#), 3 December 2015

⁷⁰ Department for Education, [Mental Health Services and Schools Link Pilots: Evaluation brief](#), February 2017, p7

⁷¹ Department for Education, [Counselling in schools: a blueprint for the future](#), 17 February 2016

⁷² [PO 1025 \[on Mental Health Services: Young People\], 8 June 2015](#)

⁷³ Department for Education, [Mental health and behaviour in schools](#), June 2014

problems early in children and young people is essential to prevent problems from escalating and continuing into adulthood.⁷⁴

5. Further reading

Library briefings

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

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

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

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