HOUSE OF LORDS Library Briefing

Depression in Young People

Summary

Depression is the leading cause of disability worldwide and is a major contributor to the overall global burden of disease. Mental health disorders, including depression, are often first reported during adolescence. Conditions that arise in the teenage years of adolescence often have implications for present and future health and development. Based on data from NHS Digital collected in 2017, 2.1% of children and young people aged 5–19 in England experienced a depressive episode at one single point in time. Depression was more prevalent amongst older adolescents and girls.

A diagnosis of depression in young people includes identifying the core symptoms of low or irritable mood, and loss of interest and/or pleasure. Other symptoms may include: fatigue; suicidal thoughts; sleep disturbances; difficulties with concentration or decision making; changes in appetite or weight; feeling slowed down or agitated; and feeling worthless or excessively guilty.

The National Institute for Health and Clinical Excellence (NICE) updated its recommendations in June 2019 for the recognition, assessment and treatment of depression in young people. Recommendations for research included gathering further evidence for the clinical and cost effectiveness of currently recommended treatments, as well as for other treatments with a limited evidence base.

The Health and Social Care Act 2012 placed a duty on the Government to achieve parity of esteem between physical and mental health, including improving mental health for children and young people. The 2015–17 Conservative Government announced new funding for mental health and a commitment to implementing the recommendations made in *The Five Year Forward View for Mental Health*, published in 2016. In December 2017, the Department of Health and the Department for Education published a green paper on *Transforming Children and Young People's Mental Health Provision*. In July 2018, the Government published its response to this consultation and committed to take forward all proposals made in the green paper. In January 2019, the *NHS Long-term Plan* made a renewed commitment towards child and adolescent mental health provision. In October 2019, the Department for Business, Energy and Industrial Strategy and UK Research and Innovation announced funding from the Government's Strategic Priorities Fund for a £35 million programme to support new research to improve treatment for adolescent mental health. This aimed to "build a better understanding of the adolescent mind" to improve the standards of care available. Following the 2019 general election, the Government reiterated the Conservative Party manifesto commitment to legislate so that "patients suffering from mental health conditions, including anxiety or depression, have greater control over their treatment and receive the dignity and respect they deserve".

Rebecca Watson | 28 January 2020

Introduction

Depression is the leading cause of disability worldwide and is a major contributor to the overall global burden of disease.[1] According to *The Five Year Forward View for Mental Health*, the cost of mental health to the economy in the UK is estimated at £105 billion a year—roughly the cost of the entire NHS.[2] As part of efforts to address this, on 7 October 2019 the Department for Business, Energy and Industrial Strategy and UK Research and Innovation announced funding for a £35 million programme to fund new research to improve treatment for adolescent mental health. This aimed to "build a better understanding of the adolescent mind" in order to improve the standards of care available.[3]

Mental health disorders, including depression, are often first reported in adolescence.[4] The teenage years are an important period of biological and neurodevelopmental change, as well as psychosocial and emotional development.[5] In children and young people, factors that can increase the risk of depression include: family difficulties; bullying; abuse; and a family history of mental health difficulties. [6] Conditions that arise during adolescence often have implications for present and future health and development.[7] Experiencing depression as an adolescent is associated with poor academic achievement and unemployment, as well as suicidal behaviours and self-harm.[8]

Characteristics of Depression

Definition

Diagnosis

The National Institute for Clinical Excellence (NICE) describes depression as a "broad" and "heterogeneous" condition.[9] A formal diagnosis of depression is based on one of two classification systems: the Diagnostic and Statistical Manual of Mental Health Disorders (DSM-5) or the International Classification of Diseases (ICD-10).[10] The severity of the disorder is determined by both

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[1] World Health Organisation, 'Depression', 22 March 2018; and UN News, 'UN Health Agency Reports Depression Now "Leading Cause of Disability Worldwide"', 23 February 2017.

[2] Mental Health Taskforce, *The Five Year Forward View for Mental Health*, February 2016, p 4.

[3] Department for Business, Energy and Industrial Strategy, 'New Research to Improve Treatment for Adolescent Mental Health', 7 October 2019.

[4] MQ Transforming Mental Health Through Research, 'Young People's Mental Health', accessed 4 November 2019; and Anita Thapar et al, 'Depression in Adolescence', *The Lancet*, 2 February 2012, vol 379 no 9820, pp 1056–67.

[5] World Health Organisation, 'Adolescent Development', accessed 4 November 2019; and Deborah Christie and Russell Viner, 'Adolescent Development', *British Medical Journal,* 5 February 2005, vol 330, pp 301–4.

[6] NHS, 'Depression in Children and Teenagers', accessed 8 November 2019.

[7] B J Casey et al, 'Braking and Accelerating of the Adolescent Brain', *Journal of Research in Adolescence*, 1 March 2011, vol 21 no 1, pp 21–33.

[8] Zahra Clayborne et al, 'Systematic Review and Meta-Analysis: Adolescent Depression and Long-term Psychosocial Outcomes', *Journal of American Academy of Child and Adolescent Psychiatry*, January 2019, vol 58 no 1, pp 72–9; and Keith Hawton et al, 'Self-Harm and Suicide in Adolescents', *The Lancet*, 23 June 2012, vol 379, pp 2373–82.

[9] National Institute for Health and Care Excellence, 'Depression in Adults: Recognition and Management Clinical Guideline [CG90]', April 2018.

[10] American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*, 2013; and International Classification of Diseases, 'Mood [Affective] Disorders', accessed 4 November 2019. Both references provide further information on other types of depression or mood disorders not discussed, including persistent depressive disorder and bipolar affective disorder.

the number and severity of symptoms, as well as the degree of functional impairment experienced by an individual. The criteria for diagnosing depression in adolescents are broadly similar to the criteria for adults.[11]

Based on the DSM-5 criteria, adolescents must experience at least one core symptom and a total of five or more symptoms for a diagnosis of major depressive disorder.[12] The core symptoms are:

- low or irritable mood; and
- loss of interest and/or pleasure (anhedonia).

Alongside difficulties with mood or anhedonia, young people can experience other symptoms. The diagnostic criteria include:

- fatigue;
- suicidal thoughts;
- sleeping difficulties;
- difficulties with concentration or decision making;
- changes in appetite or weight;
- feeling slowed down or agitated; and
- feelings of worthlessness or excessive guilt.

Increasingly, it is recognised that depressive symptoms below the diagnostic threshold criteria can be distressing and disabling if persistent. Guidance for sub-threshold levels of depression are provided for adult, but not adolescent, depression.[13]

Beyond the Diagnosis

An in-depth understanding of what it is like to live with depression has been captured through qualitative research.[14] In a study published in 2015, young people who had been referred to child and adolescent mental health services described their experience of having depression.[15] Adolescents explored feelings of "misery, despair and tears" as well as "anger and violence towards themselves and others". Young people also described having a "bleak view of everything" and feeling "isolated and cut off from the world". They also considered how depression had "impacted" on their education.

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[11] American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*, 2013. Differences in DSM-5 diagnostic criteria for depression in adolescents are: a) the inclusion of irritability as a core symptom of Major Depressive Disorder (MDD) alongside low mood; and b) the time requirement for a diagnosis of Persistent Depressive Disorder (PDD) is one year, rather than two in adults.

[12] ibid. DSM-5 definitions as opposed to ICD-10 have been used in this briefing in line with NICE (2018) guidelines for adult depression which state that nearly all evidence reviewed for recommendations use this classification system. ICD-10 criteria for a depressive episode is one of three core symptoms (low mood, anhedonia or fatigue) and a total of four symptoms.

[13] National Institute for Health and Care Excellence, 'What We Do,' accessed 12 November 2019.

[14] Virginia Braun and Victoria Clarke, 'Novel Insights into Patients' Life-Worlds: the Value of Qualitative Research', *The Lancet Psychiatry,* 23 July 2019, vol 6, pp 720–1.

[15] Nick Midgley et al, 'Beyond a Diagnosis: The Experience of Depression Among Clinically-referred Adolescents', *Journal of Adolescence*, August 2015, vol 44, pp 269–79.

Further to this, the mental health charity YoungMinds' blog has described one young person's experience of living with depression.[16] The young person, Molly, described how depression had affected how she felt about herself and her relationship with others:

> For quite a while I've not felt myself. I haven't wanted to focus any effort on myself or anything I do. It's affected some of my friendships and made me become quite isolated and left out as I haven't been participating in many conversations or events.

Prevalence

Overall Prevalence

The latest survey on the mental health of children and young people in England was funded by the Department of Health and Social Care and commissioned by NHS Digital.[17] Based on 2017 data, it reported that 12.8% of 5–19 year olds had a least one mental health disorder.[18] Emotional disorders (including depression, anxiety, mania, bipolar) were the most prevalent type of mental health difficulty, experienced by 8.1% of young people. This rate had increased in young people aged 5–15 from 3.9% in 2004 to 5.8% in 2017.[19] The report stated that 2.1% of children and young people aged 5–19 experienced a depressive episode.[20]

NHS Digital statistics relate to the number of children and young people experiencing depression at one point in time. However, further international evidence suggests that cumulative rates of depression are higher. For example, academic studies have suggested that over a 12-month period, at least 8% of adolescents will have experienced a depressive episode.[21] Another study has reported that by the age of 18, around 20% of young people will have had a depressive episode.[22]

Groups with Higher Rates of Depression

The NHS Digital survey collected information on young people's demographics, health, family and socioeconomics to establish any differences between individuals with and without depression. The data showed that depression in young people was more commonly reported in the following groups:[23]

- **Older adolescents**: Depression rates were highest in 17–19 year olds (4.8%), followed by 11–16 year olds (2.7%), and then children aged 5–10 (0.3%).
- **Girls**: Depression rates were higher in girls (2.8%) than boys (1.3%).
- **Special educational needs**: Depression rates were higher in young people with special

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[16] YoungMinds, 'What it's Like to be Diagnosed With Depression', 28 November 2018.

[17] NHS Digital, 'Mental Health of Children and Young People in England, 2017', 22 November 2018.

[18] NHS Digital, *Mental Health of Children and Young People in England, 2017: Summary of Key Findings*, November 2018, p 6.

[19] NHS Digital, *Mental Health of Children and Young People in England, 2017: Emotional Disorders*, November 2018.

[20] ibid.

[21] Shelli Avenevoli et al, 'Major Depression in the National Comorbidity Survey—Adolescent Supplement: Prevalence, Correlates, and Treatment', *Journal of the American Academy of Child and Adolescent Psychiatry*, January 2015, vol 54 no 1, pp 37–44; and Ramin Mojtabai et al, 'National Trends in the Prevalence and Treatment of Depression in Adolescents and Young Adults', *Paediatrics,* December 2016, vol 138 no 6, pp 1–10.

[22] Anita Thapar et al, 'Depression in Adolescence', *The Lancet,* 2 February 2012, vol 379 no 9820, pp 1056–67.

[23] NHS Digital, *Mental Health of Children and Young People in England, 2017: Emotional Disorders*, November 2018 , pp 13–20.

educational needs (3.6%) compared to those without (1.5%).

- **Poor general health**: Depression rates were higher in young people with fair to very bad general health (7.4%), followed by those with good health (2.6%), and then those with very good health (1.1%).

Depression rates were higher in young people who had a parent experiencing a common mental health disorder, such as anxiety or depression. More young people had depression when living in low income households or as part of families in receipt of benefits and/or families with unhealthy family functioning. Depression rates did not differ based on ethnic group; neighbourhood deprivation; or different regions of England.[24]

Treatment for Depression

General Guidance

The National Institute for Health and Clinical Excellence (NICE) is an agency of the NHS charged with providing national guidance and advice to improve health and social care.[25] Recommendations, updated in June 2019, aim to improve the recognition, assessment and treatment of depression in young people.[26] General recommendations have been made for working with young people with depression including:

- involving young people in their own treatment decisions;
- providing resources and therapy, where possible, in the young person's preferred language;
- routinely considering potential comorbidities and the wider context during assessment;
- working with local Child and Adolescent Mental Health Services (CAMHS) to enhance specialist knowledge and skills; and
- providing treatment in the community, delivered by child and adolescent mental health professionals.[27]

Identifying Depression

To help identify depression in primary care or the community, NICE recommends that relevant healthcare professionals should undertake training in:

- the detection of depression symptoms, and assessment of who may be at risk of depression;
- communication skills; and
- the development of ethnically and culturally sensitive systems for supporting young people.[28]

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[24] NHS Digital, *Mental Health of Children and Young People in England, 2017: Emotional Disorders*, November 2018 , pp 13–20.

[25] National Institute for Health and Care Excellence, 'Who We Are', accessed 12 November 2019.

[26] National Institute for Health and Care Excellence, 'Depression in Children and Young People: Identification and Management', June 2019.

[27] National Institute for Health and Care Excellence, 'Recommendations', June 2019.

[28] ibid.

NICE also suggests that healthcare professionals in primary care should be familiar with screening for mood disorders, such as depression, and have access to specialist supervision and consultation.[29] Young people who have experienced an "undesirable" life event, such as bereavement or parental divorce, may be at risk of depression, and therefore should be provided with the opportunity to talk to a professional.

To support the identification of depression in Child and Adolescent Mental Health Services (CAMHS), NICE guidance states that young people referred to CAMHS without a diagnosis of depression should be routinely screened with a self-report questionnaire for depression.[30] Training opportunities should also be made available to CAMHS healthcare professionals to improve the accuracy of diagnosing depressive conditions using interviewer-based tools.

Recommended Treatments

Treatments for depression in young people consider several of its developmental and maintenance factors: biological, behavioural, cognitive and interpersonal.[31]

Managing Mild Depression

For mild depression, NICE first suggests two weeks of "watchful waiting". If in this time no "significant" co-occurring problems or "active" suicidal ideas or plans are identified, then adolescents should be offered a choice of psychological therapies. They should be delivered in a group—or digitally for CBT—for approximately 2–3 months. Guidance suggests that psychological therapies should be in settings such as schools and colleges, primary care, social services and the voluntary sector. Recommended psychological therapies, often known as talking therapies, include:

- **Cognitive behavioural therapy (CBT)**: which helps people by challenging their thoughts and unhelpful patterns of behaviour.
- **Non-directive supportive therapy (NDST)**: which provides people with an unstructured open space to talk.
- **Interpersonal psychotherapy (IPT)**: which helps people to identify and address problems in their relationships with others.

Other psychological therapies are also recommended if the above treatments do not meet the individual's clinical needs.[32] Anti-depressant medication is not recommended for the initial treatment of young people with mild depression.

Managing Moderate and Severe Depression

For moderate to severe depression, NICE guidelines state that young people should be reviewed by a

[29] National Institute for Health and Care Excellence, 'Recommendations', June 2019.

[30] ibid.

[31] Elena Bernaras et al, 'Child and Adolescent Depression: A Review of Theories, Evaluation Instruments, Prevention Programs, and Treatments', *Frontiers in Psychology,* 20 March 2019, vol 10, pp 1–24.

[32] National Institute for Health and Care Excellence, 'Recommendations', June 2019. Other recommended treatments include: attachment-based family therapy and individual CBT.

Child and Adolescent Mental Health Service (CAMHS) team.[33] Treatment recommendations include:

- **Cognitive Behavioural Therapy (CBT)**: to be delivered on an individual basis, sometimes in combination with/or followed by;
- **Anti-depressant medication (fluoxetine)**: which is a pharmacological intervention that targets serotonin neurotransmitters in the brain.[34]

Other psychological therapies are also recommended if CBT does not meet the young person's needs.[35] Inpatient care should be considered for young people presenting with "high risk of suicide, serious self-harm or self-neglect". This option should be balanced against the potential detrimental effects of inpatient settings, such as loss of family support. Electroconvulsive therapy (ECT) should only be considered for young people with "very severe" depression.

Research Evidence

Current Evidence Base

UK guidance recommends that psychological interventions are considered before pharmacological interventions for children and young people.[36] Academic research has explored the effectiveness of medication versus psychological therapies, as well the effectiveness of specific types of psychological therapy. A meta-analysis of randomised control trials (RCTs) published in 2010 compared the effects of having combined psychological therapy (Cognitive Behavioural Therapy) and antidepressant medication with taking antidepressant medication alone.[37] No significant difference was found in depression scores between those taking medication alone and in combination with psychological therapy.

In response to NICE guidelines published in 2005, a randomised control trial was set up to explore the effectiveness of three therapeutic interventions for depression in young people.[38] The trial findings were published in 2017 in *The Lancet Psychiatry*.[39] Two well-known psychological treatments, CBT and Psychoanalytical Therapy (PT), were reported as no more effective than a new treatment known as Brief Psychosocial Intervention (BPI).[40]

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[33] National Institute for Health and Care Excellence, 'Recommendations', June 2019.

[34] YoungMinds, 'Fluoxetine', accessed 20 November 2019.

[35] ibid. Other recommended treatments include: Interpersonal Psychotherapy for adolescents (IPT-A), family therapy, brief psychosocial intervention and psychodynamic therapy.

[36] National Institute for Health and Care Excellence, *Depression in Children and Young People: 2019 Evidence Review*, June 2019.

[37] Bernadka Dubicka et al, 'Combined Treatment with Cognitive-Behavioural Therapy in Adolescent Depression: Meta-Analysis', *British Journal of Psychiatry*, December 2010, vol 197 no 6, pp 433–40.

[38] NHS Tavistock and Portman Foundation Trust, 'Improving Mood with Psychoanalytic and Cognitive Therapies (IMPACT)', accessed 12 November 2019.

[39] Ian Goodyer et al, 'Cognitive Behavioural Therapy and Short-term Psychoanalytical Psychotherapy Versus a Brief Psychosocial Intervention in Adolescents with Unipolar Major Depressive Disorder (IMPACT): A Multicentre, Pragmatic, Observer-blind, Randomised Controlled Superiority Trial', *The Lancet Psychiatry*, 1 February 2017, vol 4 no 2, pp 109–19.

[40] BPI includes the following core components: psychoeducation about depression and action-oriented, goal-focused, interpersonal activities as therapeutic strategies; building health habits; planning and scheduling valued activities; advice on maintaining and improving mental and physical hygiene including sleep, diet and exercise; promoting engagement with and maintaining school work and peer relations, and diminishing solitariness.

Future Research

In 2019, NICE made key recommendations for further areas of research based on the existing evidence for the effectiveness of treatments for adolescent depression.[41] Recommendations included gathering further evidence for the clinical and cost effectiveness of currently recommended treatments (for example digital CBT). NICE also recommended further research should be carried out to build a larger evidence base for establishing the clinical and cost effectiveness of other treatments, including: Brief Psychosocial Intervention (BPI), Group mindfulness, and Behavioural Activation (BA).[42] For example, BA—a psychological therapy which focuses on increasing engagement in positively reinforcing experiences—may be effective for treating depression in young people, but a meta-analysis published in 2017 found methodological problems in the studies meaning the results had to be treated with caution.[43]

Mental Health Policy

Child and Adolescent Mental Health Policy 2010–2017

The Health and Social Care Act 2012 included a duty for the Government to improve both physical and mental health, including improving mental health for children and young people. In 2011, the Coalition Government's mental health strategy, *No Health Without Mental Health*, had set out an ambition for mental health to be treated equally with physical health and pledged early support for mental health problems.[44] In 2014, the *Closing the Gap: Priorities for Essential Change in Mental Health* strategy was published. This included an ambition to start early to promote mental wellbeing and prevent mental health problems.[45] In 2015, the Coalition Government set up a Children and Young People's Mental Health and Wellbeing Taskforce. In addition, *Future in Mind* set out further ambitions to improve care over the subsequent five years.[46]

The 2015–17 Conservative Government announced new funding for mental health and a commitment to implement the recommendations made in the independent Mental Health Task Force's *Five Year Forward View for Mental Health* report to the NHS in England.[47] The report identified children and young people as a "priority group" for mental health and promotion prevention.[48] It set the target that by 2020/21 at least 70,000 more children and young people should have access to high-quality mental health care when they needed it. The report stated that roll-out of the Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) programme should be completed by 2018. In January 2017, the Government published a *Response to the Five Year Forward View for*

[41] National Institute for Health and Care Excellence, *Depression in Children and Young People, 2019 Evidence Review*, June 2019.

[42] National Institute for Health and Care Excellence, 'Recommendations', June 2019. For further information on specific therapies read: NHS, 'Mindfulness', accessed 12 November 2019; NHS, 'Types of Talking Therapies', accessed 12 November 2019; and Lucy Tindall et al, 'Is Behavioural Activation Effective in the Treatment of Depression in Young People? A Systematic Review and Meta-Analysis', *Psychology and Psychotherapy: Theory, Research and Practice,* 2017, vol 90, pp 770–96.

[43] Lucy Tindall et al, 'Is Behavioural Activation Effective in the Treatment of Depression in Young People? A Systematic Review and Meta-Analysis', *Psychology and Psychotherapy: Theory, Research and Practice*, 2017, vol 90, pp 770–96.

[44] Department of Health, *No Health Without Mental Health*, 2 February 2011.

[45] Department of Health, *Closing the Gap: Priorities for Essential Change in Mental Health*, February 2014.

[46] Department of Health and NHS England, *Future in Mind*, 15 March 2015.

[47] Mental Health Taskforce, *The Five Year Forward View for Mental Health*, February 2016.

[48] ibid, p 15.

Mental Health, accepting its recommendations in full.[49] It stated that rates of suicide, self-harm and depression were "worryingly high" and observed that "demand on services is growing".[50] In November 2017, a single evidence session House of Commons Health Committee inquiry into Child and Adolescent Mental Health Services took place.[51] The focus of the session was on access to and funding of child and young people's mental health services, given that funding and action had been promised.

Children and Young People's Mental Health Green Paper

Public Consultation

In December 2017, the Department of Health and the Department for Education published a green paper on *Transforming Children and Young People's Mental Health Provision*.[52] The document focused on providing earlier intervention and prevention, especially in schools and colleges. The Government asked for views on measures to improve mental health support for young people. Key elements of the proposals included:

- **Designated mental health leads**: every school and college should be encouraged to appoint a designated lead for mental health.
- **Mental health support teams**: creation of a new mental health workforce of community-based mental health support teams (MHSTs), including the offer of psychological therapy in a school/college setting for adolescents at risk of depression.
- **Waiting times**: a new four-week waiting time for NHS children and young people's mental health services would be piloted in some areas.[53]

The green paper proposed that all three elements would be trialled in new "trailblazer" areas, with the first wave to be operational by the end of 2019.[54] The Government set out a "commitment" to rolling out the new approach to "at least a fifth to a quarter" of the country by the end of 2022/23.

The public consultation ran from December 2017 to March 2018 and received over 2,700 responses.[55] The main points raised in consultation responses included support for better joining up between health and education and providing earlier support in schools and colleges.[56] However, there were concerns that implementation should be flexible, and not increase teachers' workload or pressures on school funding. Furthermore, responses suggested that roll-out plans should be quicker and more far-reaching.

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[49] Department of Health, *The Government's response to the Five Year Forward View for Mental Health*, January 2017.

[50] ibid, p 3.

[51] House of Commons Health Committee, *Oral Evidence: Child and Adolescent Mental Health Services: Access and Funding*, 21 November 2017, Q1–118.

[52] Department of Health and Department for Education, *Transforming Children and Young People's Mental Health Provision: A Green Paper*, December 2017, Cm 9523.

[53] ibid, p 21.

[54] ibid.

[55] House of Commons Health and Social Care Committee, 'Transforming Children and Young People's Mental Health Provision Inquiry', accessed 19 November 2019.

[56] Department of Health and Social Care and Department for Education, *Government Response to the Consultation on Transforming Children and Young People's Mental Health Provision: A Green Paper and Next Steps*, July 2018, Cm 9626.

The Government's response to the consultation, published in July 2018, stated that it was committed to taking forward all proposals made in the green paper.[57] The Government identified the following steps to implement the core proposals:

- **Designated mental health leads**: working with providers to ensure sufficient places are available to offer training to one-fifth of schools from September 2019.
- **Mental health support teams**: encouraging sites in the trailblazer programme to test issues raised on how to best work with vulnerable children and young people.
- **Waiting times**: piloting a four-week waiting time in some of the trailblazer areas from 2018, first through planning for, and then providing access to, evidence-based treatment.

Joint Education and Health and Social Care Committee Inquiry

After the publication of the green paper in December 2017, the House of Commons Education and Health and Social Care Committees launched a joint inquiry to scrutinise the proposed "scope" and "implementation" of the green paper. The committees' report, entitled *The Government's Green Paper on Mental Health: Failing a Generation*, was published in May 2018.[58] The committee "welcomed" the publication of the green paper, but considered that it "lack[ed] any ambition and fail[ed] to consider how to prevent child and adolescent mental ill health in the first place".[59] The report stated that the Government had limited the scope of the green paper "too early" by restricting the terms of evidence of the review. Concerns were raised around the trailblazer pilot schemes, as well as the strain on schools and colleges, exam pressure and transference to adult care. Dr Sarah Wollaston, then chair of the Health and Social Care Committee, stated:

> The green paper is just not ambitious enough and will leave so many children without the care they need. It needs to go much further in considering how to prevent mental health difficulties in the first place. We want to see more evidence that government will join up services in a way which places children and young people at their heart and that improves services to all children rather than a minority.[60]

The Government responded in July 2018.[61] It "welcomed" the committees' "helpful insights" and acknowledged many of the "concerns" raised during the inquiry.[62] These included:

- the need for the green paper proposals to integrate into the existing world of provision and services around children and young people;
- the need to join up with existing work across government; and

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[57] Department of Health and Social Care and Department for Education, *Government Response to the Consultation on Transforming Children and Young People's Mental Health Provision: A Green Paper and Next Steps*, July 2018, Cm 9626.

[58] House of Commons Education and Health and Social Care Committees, *The Government's Green Paper on Mental Health: Failing a Generation*, 9 May 2018, HC 642 of session 2017–19.

[59] ibid, p 33.

[60] House of Commons Health and Social Care Committee, 'Green Paper on Child Mental Health Lacks Ambition', 9 May 2018.

[61] Department of Health and Social Care, *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, Cm 9627.

[62] ibid, p 7.

- the importance of the proposals having a positive impact on vulnerable groups.

However, the Government rejected the "judgement" that the plans "lack[ed] ambition in terms of scale and pace". It instead contended that the proposals were "genuinely transformational" and would take time to "roll-out in a meaningful and useful way".[63]

Reaction to the Green Paper

During the consultation period, relevant bodies provided their views on the proposals included in the green paper. For example, the charity YoungMinds "welcomed" many of the proposals, including the development of mental health support teams to improve early intervention, and recognition of the role of schools and colleges in promoting wellbeing and building resilience.[64] However, it added that "far more needs to be done", estimating that the proposals would be rolled out to "at most a quarter of the country". Further to this, YoungMinds stated that the Government needed to take "urgent action" in other areas, including introducing increased and long-term funding for Child and Adolescent Mental Health Service (CAMHS).

The Royal College of Psychiatrists also "welcomed" the green paper, but "urged" the Government to be "more ambitious" and requested that the Government put in place measures to improve recruitment and retention of multi-professional teams; as well ensuring mental health support teams are integrated within both CAMHS and educational institutions.[65]

Following the Government's response to the mental health green paper consultation, further views on the issues highlighted by the green paper were expressed by relevant bodies. In July 2018, Dr Max Davie, on behalf of the Royal College of Paediatrics and Child Health (RCPCH), stated that the Government had "missed an opportunity with their response".[66] In October 2018, a report on the road to parity of esteem by the All Party Parliamentary Group on Mental Health stated that many organisations from the children and young people sector believed that the green paper was "right" to look at helping children in schools.[67] However, it also expressed concerns about children not in school being unable to access support. The report also expressed concerns about the length of time it would take for mental health support teams to become available, as well as doubts about the levels of training and expertise the teams would receive.

Policy Developments in 2019

NHS

Following on from the proposals made in the Government's green paper, the NHS announced the

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[63] Department of Health and Social Care, *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, Cm 9627, p 5.

[64] YoungMinds, 'Our View on the Government's Green Paper', accessed 19 November 2019; and YoungMinds, *YoungMinds' Consultation Response*, 2 March 2018.

[65] Royal College of Psychiatrists, 'Children and Young People's Mental Health Green Paper', accessed 5 November 2019; and Royal College of Psychiatrists, *Royal College of Psychiatrists Consultation Response*, 1 March 2018.

[66] RCPCH, 'RCPCH Reacts to Government's Mental Health Green Paper Response', 25 July 2018.

[67] All Party Parliamentary Group on Mental Health, *Progress of the Five Year Forward View for Mental Health: On the Road to Parity*, October 2018.

launch of the first mental health support teams (MHSTs) in 25 "trailblazer" areas in December 2018. In July 2019, 57 further sites were confirmed, which would start developing into 123 MHSTs during 2020.[68]

In January 2019, the *NHS Long-term Plan* was published, making a "renewed commitment" to mental health. It stated that mental health services would grow faster than the overall NHS budget with a ring-fenced investment worth at least £2.3 billion a year for mental health services by 2023/24. The plan stated that children and young people's mental health services would also "grow faster" than both overall NHS funding and total mental health spending.[69] It also set out further measures to improve access to and provision of mental health services for children and young people, including achieving the following ambitions by 2023/24:

- **Access**: 345,000 additional children and young people to have access to support via NHS-funded mental health services and school or college-based mental health support teams.
- **Reach**: a comprehensive offer for 0–25 year olds that reaches across mental health services for children, young people and adults.
- **Coverage**: 100% coverage of 24/7 mental health crisis care provision for children and young people which combines crisis assessment, brief response and intensive home treatment functions.[70]

Research Funding

On 7 October 2019, a funding announcement was made by the Department for Business, Energy and Industrial Strategy and UK Research and Innovation for a £35 million programme to fund new research to improve treatment for adolescent mental health. This aimed to "build a better understanding of the adolescent mind to improve the standards of care available". Funding for research into teenage mental health issues was reiterated in a written statement from the Secretary of State for Business, Energy and Industrial Strategy, Andrea Leadsom, on 5 November 2019.[71]

Mental Health Policy in the 2019 Parliament

In its 2019 general election manifesto, the Conservative Party pledged to "treat mental health with the same urgency as physical health".[72] The document also pledged that a Conservative government would "legislate so that patients suffering from mental health conditions, including anxiety or depression, have greater control over their treatment and receive the dignity and respect they deserve". This undertaking was repeated in briefing notes published alongside the Queen's Speech delivered in December 2019.[73] Both the Labour and Liberal Democrats' manifestos had also included

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[68] NHS, 'New Mental Health Support in Schools and Colleges and Faster Access to NHS Care', accessed 20 November 2019.

[69] NHS, *NHS Long-term Plan*, January 2019.

[70] NHS, *NHS Mental Health Implementation Plan*, July 2019.

[71] House of Commons, 'Written Statement: Departmental Update', 5 November 2019, HCWS98.

[72] Conservative Party, *Conservative Party Manifesto 2019*, November 2019, p 11.

[73] Prime Minister's Office, *Queen's Speech December 2019: Background Briefing Notes*, 19 December 2019, p 62.

measures in support of improving mental health provision.[74]

The Queen's Speech also stated that the Government would "continue work to reform the Mental Health Act".[75] This is expected to focus on providing better care and greater choice and autonomy for patients, and reforming the process for detention. The Government has announced that it will respond to the recommendations made by the Independent Review of the Mental Health Act 1983 in a white paper to be published early in 2020. This will be followed by legislation "when parliamentary time allows".[76]

Further Reading

- House of Commons Library, *Mental Health Policy in England*, 7 January 2020
- House of Commons Library, *Children and Young People's Mental Health—Policy, Services, Funding and Education*, 11 July 2019
- National Institute for Health and Care Excellence, *Depression in Children and Young People: 2019 Evidence Review*, June 2019
- Department of Health and Social Care, 'What Record NHS Investment Means for Each of My Priority Areas', 18 December 2019

[74] Labour Party, *Labour Party Manifesto 2019*, November 2019; and Liberal Democrats, *Liberal Democrat Manifesto 2019*, November 2019.

[75] HL *Hansard*, 19 December 2019, col 7.

[76] Prime Minister's Office, *Queen's Speech December 2019: Background Briefing Notes*, 19 December 2019, p 39. The independent review published its final report in December 2018: Independent Review of the Mental Health Act 1983, *Modernising the Mental Health Act: Increasing Choice, Reducing Compulsion*, 6 December 2018.