

COMMISSION YOUNG LIVES

THEMATIC REPORT 4

Heads Up

Rethinking mental health services for vulnerable young people

JULY 2022



Children & Young People's
Mental Health Coalition

Centre for
Mental Health



THE COMMISSION ON YOUNG LIVES

The Commission on Young Lives, launched in September 2021, will propose a new settlement to prevent marginalised children and young people from falling into violence, exploitation, and the criminal justice system, and to support them to thrive. Its national action plan will include ambitious practical, affordable proposals that government, councils, police, social services, and communities can put into place. We are engaging with those in government and system leaders who have the power to create change, making the case for them to do so. Taking a public health approach focused on prevention, inclusion and supportive relationships, its work is steered by its commissioners, alongside panels of young people and practitioners.

The Commission is supported and hosted by Oasis Charitable Trust, a national charity that has been pioneering models of sustainable and holistic community development for 35 years, and now works in over 40 neighbourhoods in England, delivering schools, housing, health, and a wide range of other projects with young people and their families. The Commission is also funded by the Passion Project Foundation, a charitable social impact aggregator and investor, which brings scaled investment to tackle perennial social problems.

This is the fourth of our thematic reports, following on from previous reports on the care system, family support, and education. This report was co-written alongside members of Centre for Mental Health team - their support and expertise has been invaluable. We are grateful to NHS Confederation who have worked with us to inform our understanding and potential solutions.

We would also like to thank all the other individuals and organisations who have provided us with their time and with examples of existing practice and emerging projects. We would particularly like to thank those mental health care professionals, parents and, most importantly, young people on our Young Lives Panel, who have agreed to speak to us candidly, and to share their expertise and experiences. As ever, where appropriate, names and some details have been changed to protect people's identity.

This is our last substantial thematic report before we publish our final Commission report later this year. That report will bring our themes together, setting out the policy framework and investment needed to support these vulnerable children and their families. We will continue to build our case for change – including 'invest to save' approaches – and we will present ambitious practical proposals for what this could look like and how it could be achieved.

— For information about our work, our previous thematic reports, and our expert commissioners is available on our website: <https://thecommissiononyounglives.co.uk>

FOREWORD BY ANNE LONGFIELD, CHAIR OF THE COMMISSION ON YOUNG LIVES

There is a very profound crisis in children and young people's mental health in England.

A few months ago, I was in a meeting with a school leader, someone responsible for thousands of children across a large family of schools. Our discussion was interrupted by a phone call from one of his headteachers to tell him that a teenage pupil had taken her own life. I was stunned, assuming such a tragedy must be an unusual event that happened only a handful of times in a school leader's career. In fact, I was told that pupils attempting to take their own life, and in some cases succeeding, was now a regular occurrence in all their schools, particularly since the Covid pandemic. A couple of weeks later, I visited a college in the North of England, also part of a family of FE colleges, and talked with their brilliant student welfare team, who told me they were dreading the upcoming holidays because there would undoubtedly be a spike in suicide attempts.

Since then, I have met more school leaders, youth workers and people working in children's services, and asked them about the mental health and wellbeing of the young people they are working with and how the Covid pandemic has impacted on young people's mental health. Almost every single one of them has told me about the children who have barely returned to school since the pandemic, some because of chronic anxiety. All of them have talked about an increase in the regularity and extreme nature of young people's mental health problems. All of them have told me that dealing with students who self-harm and make suicide attempts is now a regular part of their professional lives. As we completed this report, the CEO of the world leading Maudsley Trust told the BBC that 200 young people are now attending A&E departments in London every week after trying to take their own life¹.

It is not so long ago that children's mental health was hardly on the radar as an issue for most in Whitehall and Westminster. When in 2017, as Children's Commissioner, I published a report very critical of the state of children's mental health services, the initial response from Government and the NHS was to question the scale of the problem. That position became quickly unsustainable. Theresa May's government published a Mental Health Green Paper including recommendations around children's mental health, which was followed by new NHS funding commitments to improve NHS Children and Young People's Mental Health Services (CYPMHS) and early help mental health services as part of its 'Ten Year Plan'. Five years on from that report, there is no doubt that children's mental health services have widened. There is more early help in schools, and there has been an increase in spending and in access to NHS CYPMHS.

Yet sadly, and fuelled by the Covid pandemic, the number of children suffering with mental health conditions continues to rocket, waiting lists for NHS CYPMHS remain stubbornly high, and most schools still do not have adequate counselling and other support in place.

In 2020/2021, just 23% of children referred to services started treatment within the 4-week waiting target². Spending on mental health provision is also very uneven and on average, local Clinical Commissioning Group areas spend less than 1% of their overall budget on children's mental health.³ Public health funding, which funds school nurses and public mental health services, has seen a £700m real terms reduction in funding between 2014/15 and 2020/21⁴. In a recent survey carried out by YoungMinds, more than one in four young people (26%) said they had tried to take their own life as a result of having to wait for mental health support. More than

¹ Interview on BBC Radio 4's 'The World at One' July 25, 2022.

² <https://digital.nhs.uk/supplementary-information/2021/waiting-times-for-children-and-young-peoples-mental-health-services-2020-2021>

³ [occ-the-state-of-childrens-mental-health-services-2019-20.pdf](#) (childrenscommissioner.gov.uk)

⁴ [Children and young people's emotional wellbeing and mental health – facts and figures | Local Government Association](#)

four in ten waited more than a month for mental health support after seeking it, and almost one in ten were turned away.⁵

The teenagers at risk of violence and harm our Commission is focusing on have high levels of mental health need, often undiagnosed and often exacerbated by the trauma they experience at home or in other settings. These factors increase the vulnerability of a group of young people already under severe pressure and increase the risks they face. Children who end up in custody are three times more likely to have mental health problems than those who do not.⁶

If we are to prevent young people from falling into violence and crime, we must tackle the poor mental health of this highly vulnerable group. I am concerned that failing to support some children with mental health problems could lead to more behavioural incidents at school, a rise in exclusions, and more children then becoming at risk of grooming and exploitation.

This thematic report is the Commission's fourth and was written with the support of Centre for Mental Health thinktank. We assess the extent of mental health problems among England's children, look at the provision available to them and the gaps, highlight excellent grassroots projects already working successfully with children and their families, and puts forward workable proposals to improve the provision of children's mental health support for all children in every community, particularly the most marginalised.

Our focus in this report is on better prevention, intervening to identify and respond to poor mental health when it does occur, and how to deliver long term support through help and services that are accessible. It is obvious to anyone working with children with mental health conditions that their health cannot be taken in isolation. Substandard or temporary housing, poverty, exclusion from school, and living in homes with parents who have mental health problems, addictions or where there is domestic violence, are all strong drivers of poor children's mental health, and all need their own joined-up strategies.

Children's mental health – once perhaps something of a niche issue for government – is rightly now a major cause of concern. The Covid pandemic was a disaster for the mental health of many children and thousands of young people are still struggling with its aftereffects. The statistics are so stark: one in six children aged 6-to-16 were identified as having a probable mental health problem in July 2021, a huge increase from the already troubling one in nine in 2017.⁷ At the end of April 2022, 388,887 people were in contact with children and young people's mental health services, 352,866 new referrals were received, whilst in March 2022, 90,789 young people were referred to NHS CYPMHS, the highest figure since the measure first began being collected.⁸ Centre for Mental Health has estimated that 1.5 million children and young people in England will need either new or additional mental health support as a result of the pandemic⁹.

This deterioration in the mental health of so many of our young people, combined with a mental health support system still not able to cope with demand or reach all of those who need it, is a huge generational threat to our nation's future national prosperity and success and comes on the back of a once-in-a-generation pandemic event. That is why we need a once-in-a-generation package of support to make our mental health services for children fit for purpose.

⁵ YoungMinds: [Mental Health Waiting Times Harming Young People | YoungMinds](#)

⁶ Centre for Mental Health (2021) *Youth Justice*. Available at: <https://www.centreformentalhealth.org.uk/youth-justice>

⁷ NHS Digital (2021). Mental Health of Children and Young People in England 2021 – wave 2 follow up to the 2017 survey. Available from: <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2021-follow-up-to-the-2017-survey>

⁸ NHS Digital (2019-22) 'Mental Health Services Monthly Statistics 2019-22.' Published June 2022. <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-services-monthly-statistics>.

⁹ Centre for Mental Health (2021) *Covid-19 and the nation's mental health: May 2021*. Available at: [Covid-19 and the nation's mental health: May 2021 | Centre for Mental Health](#)

Nowhere is the threat to children's wellbeing more obvious in the cohort of children that the Commission on Young Lives is speaking up for: the vulnerable teenagers who are at risk of exploitation and harm, and whose talents are so often going to waste. As our previous thematic reports have argued, when we fail as a society to protect children in care, or children who have fallen through gaps in the family support or education systems, we boost the chances of those resourceful, manipulative, and ruthless criminals and abusers who are so good at grooming the vulnerable. Children who are suffering from untreated or inadequately supported mental health conditions and trauma are too often falling through the same gaps and into the same danger. Often their mental health conditions are a precursor to the horrific situations they find themselves in as victims of criminal or sexual exploitation.

We know that many of those who enter prison and the criminal justice system do so with a history of trauma, abuse, substance misuse, and poor mental health. There is an overrepresentation of people with mental health and substance abuse difficulties in custody. These children are also more likely to have more than one mental health problem, to have a learning difficulty, be dependent on drugs and alcohol and to have experienced other serious life challenges.

Unsurprisingly, this rising tide of poor mental health has the potential to expose even more children to exploitation, crime, and offending. We know the early detection of mental health disorders can reduce the likelihood that young offenders will persist with criminal activity into adulthood, which makes it so frustrating that so often we fail to do it.

Research by the House of Commons Justice Committee in 2016 set out the connections between the justice and safeguarding systems in their overlapping populations. There are exceedingly high levels of poor mental health, learning difficulties and high levels of trauma amongst the young adult custody population. Indeed, work carried out by the Youth Justice Board between 2019 and 2020 found that of the youth justice population as a whole, 72% had had some mental health concerns¹⁰.

Throughout our evidence gathering sessions, we have heard how our mental health system is not set up to support children and young people with multiple and complex needs. Clinical thresholds can be rigid, and when young people have a wide range of problems that may not be extreme in any one area, they often don't meet a clinical need threshold which means they don't get treated for their general vulnerability. These children can then ricochet around services, not receiving the help they need until crisis point. Previous research conducted by the Education Policy Institute has also highlighted how children with complex, less well-understood difficulties that do not fit clearly into diagnostic boxes are at risk of not being able to access NHS specialist support through NHS CYPMHS¹¹.

Our regular practitioners Working Group, comprised of youth workers, teachers, and others, told us that the mental health needs of young people they work with are often 'judged off a piece of paper' - whereby assessments are made about these young people based on what is written down about them in notes, rather than a human being sitting in front of them. They also described the way in which clinical settings are 'set up to alienate young people', with the most vulnerable often not turning up to appointments or being discharged without any discussion with professionals or parents. And when a young person does need professional or clinical help, the biggest issue is getting a child in front of a professional. Clinical premises are often alien to children and appointments are often at a time when they are supposed to be in school.

¹⁰ Youth Justice Board (2020) *Assessing the needs of sentenced children in the Youth Justice System 2019/20*. Available at: [experimental-statistics-assessing-needs-sentenced-children-youth-justice-system-2019-20.pdf](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/901233/experimental-statistics-assessing-needs-sentenced-children-youth-justice-system-2019-20.pdf) (publishing.service.gov.uk)

¹¹ Crenna-Jennings W. Hutchinson J. (2020) Access to child and adolescent mental health services in 2019. Available from; <https://epi.org.uk/wp-content/uploads/2020/01/Access-to-NHS-CYPMHS-in-2019-EPI.pdf>

It has become increasingly clear from the children and professionals we speak with that mental health services as they are currently being delivered are just not working for many of the most marginalised, vulnerable teenagers – the children often most at risk of exploitation or becoming involved in the criminal justice system. Our Young People’s Panel has told us directly that many young people can feel as though NHS CYPMHS, GPs and referrals are stigmatising them, leaving them feeling traumatised or criminalised.

Indeed, it has been obvious from speaking to professionals and young people just how many children from marginalised groups hold these negative perceptions of mental health services because they have had previously bad experiences of statutory services, including those who have experienced racism. Young Black men are less likely to seek formal mental health support through doctors, counsellors, or psychologists and racialised communities are also more likely to report more dissatisfaction with mainstream mental health care. As a result, they often don’t engage, and are then labelled as hard to reach, when in fact it is the services that are not reaching out to them.

This disproportionate failure of the system to support many young Black teenagers joins the evidence of failure in the school and care systems to deliver interventions before moments of crisis. Put simply, if you are young and Black you are less likely to access services early, so are more likely to experience the crisis end of the spectrum (and statistically more likely to be detained under the Mental Health Act). It is revealing that Black children are ten times more likely to be referred to NHS CYPMHS via social services rather than through a GP, compared to white British children¹².

Often the clinical models devised to help young people, with the best intentions, can feel outdated, uncomfortable, and overly medicalised to children themselves. They have told us they want to go to places they know and trust and where they feel safe. They don’t want to feel support and work is being ‘done to them,’ they want to access spaces where they can express themselves without judgement and be ‘worked with’.

What is true for children is true for their parents and families too. Again, it is clear from our conversations during our evidence gathering, that many families have a deep distrust of statutory services - fearful that they will be labelled as ‘bad parents’. Too many of the parents we have spoken with were not receiving the non-judgemental care they wanted in a community environment they trust. Some children and their families – particularly those from Black communities - are not only failing to receive support through lack of resource but are actively avoiding seeking it because of a lack of trust in the system caused by a failure of services to adapt and still unresolved structural racism.

That is why we need to expand the models of support available to young people and their families and to fund them properly. Community groups, professionals, experts, and young people themselves have given us encouraging first-hand accounts of what works well: consistency of engagement, working with both parents and children together, building confidence, focusing on human and relational approaches, and ensuring schools are inclusive. This is the context of positive mental health for young people.

This revolution in mental health support would bring together all the specialisms and expertise of the mental health system but deliver it differently - where young people are in their community with people they trust and given some control.

We have heard how some areas are using different spaces, like parks, barber shops, and youth centres. Places where young people can build relationships with people they know. For some, this is preferable to having ‘formal’ counselling sessions with someone they don’t know or trust. Community led, co-produced work, that is done with young people and their families, not to them.

¹² Kapadia, D., Zhang, J., Salway, S., Nazroo, J., Booth, A., Villarroel-Williams, N., Becares, L. and Esmail, A. (2022) Ethnic Inequalities in healthcare: A Rapid Evidence Review. NHS Race & Health Observatory. Available from: https://www.nhsrho.org/wp-content/uploads/2022/02/RHO-Rapid-Review-Final-Report_v.7.pdf

We have heard of the power of 'social prescribing' where young people are prescribed sports and arts sessions to help build confidence and self-esteem and of interventions with youth organisations such as the St Giles Trust who are working with NHS CYPMHS to provide therapeutic support. As is so often the case, they, and many other local organisations, are really making a difference but often doing so in isolation and with little funding and financial security.

Young people themselves talk a lot about prevention - engaging them in sports, creative activities such as drama and cooking, helping them to gain volunteering opportunities which can make them feel 'alive', 'important' and that they 'matter'. They want to be able to go for walks and for day trips, to sometimes escape the situations they find themselves within and 'reset'. For these young people who are often living in vulnerable conditions, they need this relational aspect as an effective 'circuit breaker'.

I think Government and the NHS need to better understand how important these approaches are and roll them out nationally as part of a new system of mental health support for young people. I want to see a national social prescription scheme in every area that enables GPs and health professionals to pay for sports, arts, music, drama, activities, youth clubs, volunteering, and outlines to improve young people's confidence and self-esteem

The young people we are focusing on are unlikely to self-diagnose mental health difficulties or self-refer themselves for treatment and help. Already under extreme pressure, often struggling with school and most at risk of being targeted by those wishing to exploit them, these young people need mental health support that seeks them out, delivers in a way that meets their needs in the community and is there for the long term. This kind of young people-centred approach also shows how the wider system of mental health can and must change.

Children and young people are desperate for help to improve their mental health and the pandemic has made this an emergency that we must respond to urgently. From preventative to targeted support to specialist mental health treatment through a reformed NHS CYPMHS service, the Commission makes a range of recommendations to put children and young people's mental health at the heart of a national mission to improve the wellbeing of our young.

It is a huge challenge to improve and transform services when you're in the middle of a crisis and the service is destabilised. So, government (and opposition) should sign up to a five-to-ten-year strategy that starts with an immediate £1bn children and young people's mental health wellbeing recovery programme to improve the quality and effectiveness of mental health care and support. This would include guaranteed appointment and treatment times as part of a wider post pandemic commitment to children and young people. Whilst this should be locally determined, it would fit within a national guarantee that all children and young people requiring CAMHS treatment are seen within a 4-week period, with guaranteed next day emergency appointments for children at risk of serious self-harm and suicide. It should also embed a serious commitment to increasing the participation and power of young people in decision making about their care.

We need new local frameworks for children and young people's wellbeing between health, children's services, schools, youth offending teams and the police that provides an integrated approach with common performance targets and pooled financial contributions from all partners.

Crucially, we need a guaranteed mental health assessment for children and young people at points of vulnerability. This would mean an automatic assessment and guaranteed mental health package for children entering care and automatic assessments for children and young people at risk of exclusion from school, who go missing or are involved in violence or crime. There should be a guarantee of assessment by education psychologists for any child at risk of exclusion. There should also be an extension of mental health support teams to all schools by 2030. Our other recommendations are set out at the end of this report. As our previous reports have shown, a collapse in many of the family and youth support services that existed ten or twenty years ago

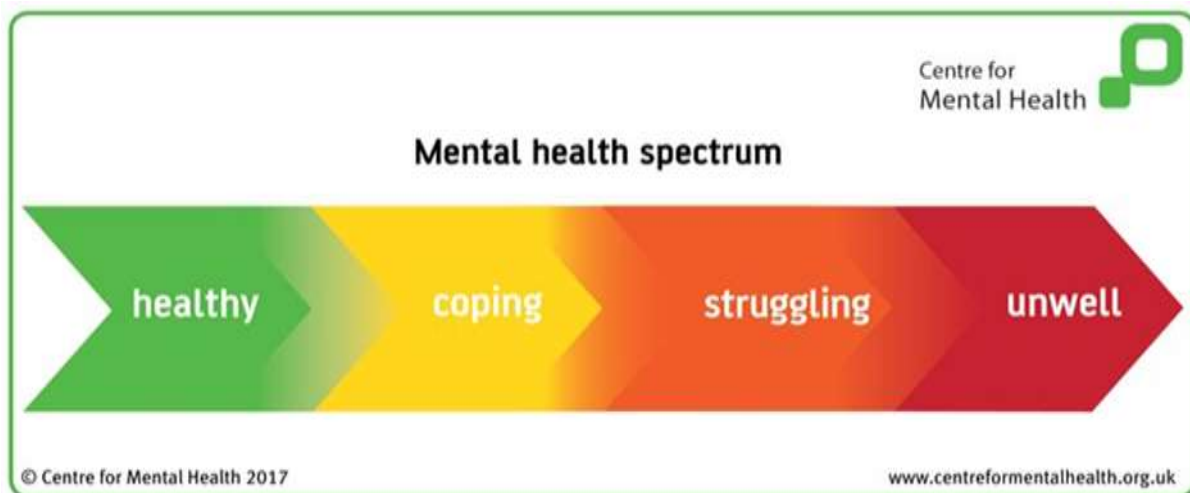
leaves us playing catch up. As one parent put it to us during our evidence sessions: 'all the stuff that used to be there to prevent things happening isn't there anymore.'

The mental health epidemic experienced by children and young people before the pandemic has not only grown but has deepened in its impact. Unless we rethink and improve access to mental health support, we risk putting the post Covid generation of vulnerable children in even greater danger of exploitation, abuse, and poor life chances.

Anne Longfield CBE
Chair of the Commission on Young Lives

An overview of children and young people's mental health and wellbeing

Good mental health and wellbeing is crucial for children and young people to develop and to thrive. Good mental health is just as important as good physical health. It enables young people to develop resilience to help them cope with the challenges of life, and to grow into healthy, happy adults. Young people's mental health exists on a spectrum, across which many will move frequently during their lives. Young people and their families require different kinds of information, advice, and support across this continuum. Having both good mental health and good wellbeing (two distinct but often interlinked concepts) benefits us all and allows us to be more likely to have a healthy and prosperous life. We cannot, as a society, put too fine a point on the critical importance of bettering the mental health and wellbeing of our children, young people and, crucially, their families.



Children and young people's wellbeing

Although we are concerned about both and their obvious link, mental health and wellbeing are not the same. A large proportion of young people experience low wellbeing while not having a diagnosable mental health problem. According to analysis by the Department for Education in England (DfE), there is evidence to suggest that children and young people's subjective wellbeing aged 10 to 24 has been declining compared to previous years, particularly in relation to their life satisfaction.¹³ The Children's Society's Good Childhood Report 2021¹⁴ also found that 12% of children in England aged 10-17 have reported low wellbeing.

The DfE data also highlights that some groups of children and young people report lower personal wellbeing than others. Children with special educational needs or a disability, children and young people from disadvantaged family backgrounds, and some children from racialised

¹³ Department for Education (2020) State of the nation 2020: children and young people's wellbeing. Research report. London: Department for Education. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/925329/State_of_the_nation_2020_children_and_young_people_s_wellbeing.pdf

¹⁴ The Children's Society (2021) *The Good Childhood Report 2021*. Available from: [The Good Childhood Report 2021 | The Children's Society \(childrenssociety.org.uk\)](https://www.childrenssociety.org.uk/what-we-do/our-research-and-policy/good-childhood-report-2021)

backgrounds reported (or were reported by their parents as) being more anxious than children and young people without these characteristics¹⁵.

Children and young people's mental health

Mental illness emerges early in life. Global data shows that mental difficulties start before the age of 14 in one-third of individuals, by 18 in almost half, and before the age of 25 in half, with a peak of 14.5 years across all mental health disorders.¹⁶ Mental health problems during this period can significantly disrupt developmental processes, making young people particularly vulnerable to experiencing poor psycho-social outcomes such as poor academic outcomes, unemployment, teenage pregnancy, drug and alcohol abuse, suicide risk, crime and exploitation, and physical health problems.

- One in six children aged 6 to 16 were identified as having a probable mental health problem in July 2021, a huge increase from one in nine in 2017.
- Boys aged 6 to 10 are more likely to have a probable mental disorder than girls, but in 17 to 19-year-olds this pattern reverses, with rates higher in young women than young men.¹⁷
- By the age of eight, 7 in 10 children report at least one adverse childhood experience (ACE).¹⁸ Three in four adolescents exposed to ACEs develop mental health problems by the age of 18, including major depression, conduct disorder, alcohol dependence, self-harm, suicide attempts, and posttraumatic stress disorders (PTSD).
- In 2018, the suicide rate in women aged under 25 years had significantly increased since 2012 to its highest ever recorded level of 3.3 per 100,000.¹⁹
- Nearly half of 17–19-year-olds with a diagnosable mental health disorder have self-harmed or attempted suicide at some point, rising to 53% for young women²⁰.
- In 2018-19, 24% of 17-year-olds reported having self-harmed in the previous year, and seven percent reported having self-harmed with suicidal intent at some point in their lives. 16% reported high levels of psychological distress²¹.

¹⁵ Office for Health Improvement and disparities (2022) *Children and Young people*.

¹⁶ Solmi, M., Radua, J., Olivola, M. *et al.* Age at onset of mental disorders worldwide: large-scale meta-analysis of 192 epidemiological studies. *Mol Psychiatry* **27**, 281–295 (2022). <https://doi.org/10.1038/s41380-021-01161-7>

¹⁷ Local Government Association (2022) *Children and young people's emotional wellbeing and mental health – facts and figures*. Available at: [Children and young people's emotional wellbeing and mental health – facts and figures | Local Government Association](#)

¹⁸ NHS Highland (2018). *Adverse Childhood Experiences, Resilience and Trauma Informed Care: A Public Health Approach to Understanding and Responding to Adversity*. Available from:

[https://www.nhshighland.scot.nhs.uk/Publications/Documents/DPH-Annual-Report-2018_\(web-version\).pdf](https://www.nhshighland.scot.nhs.uk/Publications/Documents/DPH-Annual-Report-2018_(web-version).pdf)

¹⁹ ONS (2018) *Suicides in the UK: 2018 Registrations*. Available at: [Suicides in the UK - Office for National Statistics \(ons.gov.uk\)](#)

²⁰ NHS Digital (2018) *One in eight of five to 19 year olds had a mental disorder in 2017 major new survey finds*. Available at: [One in eight of five to 19 year olds had a mental disorder in 2017 major new survey finds - NHS Digital](#)

²¹ Young Minds (2021) *Mental Health Statistics*. Available at: [Mental Health Statistics UK | Young People | YoungMinds](#)

- There was a 47% increase in the number of new emergency referrals to crisis care teams in under-18-year-olds between December 2019 and April 2021^{22,23}.
- Consistent findings showing people in marginalised groups are at greater risk of mental health problems, including people from Black, Asian and other minority ethnic backgrounds, lesbian, gay, bisexual and transgender people, disabled people and people who have had contact with the criminal justice system, among others.

Mental health service provision

- At the end of April 2022, 388,887 people were in contact with children and young people's mental health services, 352,866 new referrals were received, and 1.8 million care contacts were attended. During April and 21,429 people were subject to the Mental Health Act, including 16,463 people detained in hospital, at the end of April²⁴
- In 2020/2021, just 23% of children referred to services started treatment within the 4-week waiting target.²⁵ Spending on mental health provision is also very uneven: spend per child ranges from £14- £191 per person. On average, local Clinical Commissioning Group areas spend less than one per cent of their overall budget on children's mental health and public health funding, which funds school nurses and public mental health services, have seen a £700 million real terms reduction in funding between 2014/15 and 2020/21 – a fall of almost a quarter (23.5 per cent) per person²⁶.
- As Centre for Mental Health noted, the social, and economic costs of poor mental health are huge, totalling £119 billion a year as measured in health spending, output losses and human capital.²⁷
- The number of young people completing an urgent pathway for eating disorders has increased by 141% between quarter four in 2019/20 and quarter one in 2021/22²⁸.

Young people's mental health in the context of the pandemic

The mental health crisis in children and young people has no doubt been exacerbated by the pandemic and its associated events such as national lockdowns, school closures, and limited access to friendships and support groups. YoungMinds recently reported that from over 2,000 young people interviewed, 83% of those with mental health needs agreed that the coronavirus pandemic had made their mental health worse²⁹. Sixty-seven per cent of young people believed

²² NHS Confederation (2019) Reaching the tipping point: Children and young people's mental health

²³ Health and Social Care Committee (2021) *The Health and Social Care Committee's Expert Panel: Evaluation of the Government's progress against its policy commitments in the area of mental health services in England*. Available at: [The Health and Social Care Committee's Expert Panel: Evaluation of the Government's progress against its policy commitments in the area of mental health services in England - Health and Social Care Committee \(parliament.uk\)](#)

²⁴ NHS Digital (2022) Mental Health Services Monthly Statistics. Available at: [Mental Health Services Monthly Statistics - NHS Digital](#)

²⁵ <https://digital.nhs.uk/supplementary-information/2021/waiting-times-for-children-and-young-peoples-mental-health-services-2020-2021>

²⁶ [Children and young people's emotional wellbeing and mental health – facts and figures | Local Government Association](#)

²⁷ Centre for Mental Health (2020) *A spending review for wellbeing*. Available at: [CentreforMentalHealth_SpendingReviewForWellbeing.pdf](#)

²⁸ Based on data from NHS England, Children and Young People with an Eating Disorder Waiting Times. <https://www.england.nhs.uk/statistics/statistical-work-areas/cyped-waiting-times>

²⁹ Young Minds (2020) *Coronavirus: Impact on young people with mental health needs*. Available at: [youngminds-coronavirus-report-summer-2020.pdf](#)

that the pandemic would have a long-term negative effect on their mental health³⁰. In a submission to our call of evidence, the group 'Girlguiding' highlighted that in their 2021 Girls' Attitudes Survey³¹, 63% of young women aged 7-21 said that they were happy most of time compared to 81% in 2018. 67% aged 7-21 felt more sad, anxious or worried than before the pandemic and 62% aged 7-21 said they are lonelier now than before the pandemic.

This worsening trend is also reflected in the Co-SPACE study which has been tracking the mental health of young people aged 4-16 on a large scale throughout the pandemic. Overall, parents and carers reported the highest levels of behavioural, emotional, and attentional difficulties among children and young people in June 2020 and February 2021, when restrictions were highest³². Specifically, the study highlighted how younger children (aged 4-10) have had greater changes in levels of behavioural, emotional, and attentional difficulties throughout the pandemic, whilst levels of difficulties among secondary school aged children (aged 11-16) have been more stable³³.

The same research also noted that the consequence of lockdowns may have been worse for some children and young people. Children and young people from low-income households were shown to have more consistently elevated difficulties in emotions, attention, and behaviours compared to those from higher income households³⁴. In other words, these findings indicate that although the pandemic has an overall impact on the mental health of children and young people, it is those in the most deprived families and their children that are being impacted the most. This supports our opening premise that the role of social determinants in poor mental health such as poor housing, low income, race, poor education, and others are all too often ignored when policy is made in this area. Jabeer Butt, CEO of Race Equality Foundation, also highlighted this in his response to our call for evidence, suggesting that not only the healthcare system but other factors including housing, education and community also play a big part in children and young people's mental health.

During our conversations with the Commission on Young Lives panel of young people, we were told what mental health meant to them and the impact of Covid on their mental health. For them, the pandemic has 'created a sense of loneliness'. Coming out of Covid was hard and they felt they had to re-learn social skills and that speaking to people was more difficult now. School, and going back to school has been an 'overwhelming' experience for many of them. It was suggested that the pandemic affected their ability to learn, their desire to be at school, the likelihood of returning to school and a severe decline in their mental health because of the lockdowns. This has resulted in a 'massive increase in mental health struggles. We were told by these young students that going back to school and life more broadly had felt very 'claustrophobic' and 'scary'³⁵.

There is no doubt that this increase in poor mental health and demand for help is placing a massive additional strain on already stretched children and young people's mental health services. Specifically:

³⁰ Young Minds (2021) Coronavirus report. Available at: [youngminds-coronavirus-report-jan-2021.pdf](https://www.youngminds.org.uk/coronavirus-report-jan-2021.pdf)

³² Shum et al. (2020) *Report 07: Changes in parents' mental health symptoms and stressors from April to December 2020*. Available at: [Report_07_19JAN.pdf \(cospaceoxford.org\)](https://www.cospaceoxford.org/reports/07-19JAN.pdf)

³³ Ibid

³⁴ Ibid

³⁵ It is also important to note that mental health issues are affecting teachers too. Findings from the 2021 Mind survey found that nine in ten (88%) of the school staff said that the mental health of students had become worse due to the pandemic. Reasons given for this included a loss of routine, social isolation and difficulties accessing support. *Not making the grade: why our approach to mental health at secondary school is failing young people*. Available at: [not-making-the-grade.pdf \(mind.org.uk\)](https://www.mind.org.uk/resources/not-making-the-grade.pdf)

- Centre for Mental Health has estimated that 1.5 million children and young people in England will need either new or additional mental health support as a result of the pandemic³⁶.
- The 2022 NHS England figures suggest that over 400,000 children and young people are being treated for mental health problems every month. The figures show the direct impact of COVID-19 - the total has risen by 147,853 since February 2020, a 54% increase, and by 80,096 over the last year alone, a jump of 24%. January's tally of 411,132 cases was the first time the figure had topped 400,000³⁷.
- The gap between the availability and demand of children and young people's mental health services has continued to widen during the pandemic. In 2020/21, 497,502 children were referred to mental health services, a decrease from 539,000 the previous year, though this could be due to disruption caused by the pandemic. The percentage of children being referred nationally has also decreased. Referral rates have dropped from 4.5% to 4% of the under-18 population.
- The NHS Confederation detailed in April 2022 that COVID-19 related disruptions may have 'exacerbated triggers for poor mental health' with more children experiencing mental health problems than before the pandemic. A further concern was that 78% of trust leaders in an NHS providers survey in May 2021 said that they were 'concerned about their trust/local system(s) ability to meet the level of anticipated demand within the next 12-18 months for mental health care among children and young people'.³⁸

The pandemic has no doubt added another pressure on to these children and by extension, their families. Indeed, 76% of families who had previously been receiving support from social services before lockdown (such as respite care and summer play schemes) saw it stop during the crisis.³⁹

Even before the pandemic, it was well-established that children and young people from certain marginalised groups show a higher risk of poor mental health. This includes individuals from racialised communities, lower socioeconomic backgrounds, young people with Special Educational Needs and Disabilities, those who have been in contact with the criminal and care systems as well as those who are LGBTQI+. As Jay Perkins, Founder of Partisan told the Commission, 'The field of mental health ... often don't match our diverse, multicultural communities. That's not to say that traditional mental health services don't meet the needs of some people, but they are often just not flexible enough to meet the specific and complex needs of those who are marginalised and stigmatised. These services often have long waiting lists, are in areas where people feel unsafe, staffed by professionals with limited understanding of their cultural contexts and worlds, and have rigid appointment times.'

Taken together, there is no doubt that the pandemic has exacerbated these inequalities, leaving children and young people from these groups in need of mental health support and care more than ever.

³⁶ Centre for Mental Health (2021) *Covid-19 and the nation's mental health: May 2021*. Available at: [Covid-19 and the nation's mental health: May 2021 | Centre for Mental Health](#)

³⁷ NHS Digital *Mental Health Services Monthly Statistics*

³⁸ NHS Confederation (2022) *Hidden waits: the lasting impact of the pandemic on children's services in the community*. Available at: [Hidden waits: the lasting impact of the pandemic on children's services in the community | NHS Confederation](#)

³⁹ Children's Commissioner (2020) *Supporting children with special educational needs and disabilities to return to school*. Available at: [Supporting children with special educational needs and disabilities to return to school | Children's Commissioner for England \(childrenscommissioner.gov.uk\)](#)

Children at risk of experiencing mental health problems

Racialised communities

The lived experiences of Black, Brown and minority ethnic children at risk – and the rest of this cross section of society – tells us of the unequal experiences that many will face in both experiencing mental health problems and accessing the necessary support in a timely and equal manner. Research over the past 50 years has consistently shown that in the UK, individuals from racialised communities have been and continue to be disproportionately impacted by adverse experiences and negative outcomes within mental health care when compared to other ethnic groups⁴⁰. Existing data on adults show consistent overrepresentation and ethnic disproportionality for certain mental health difficulties⁴¹, differences in access and use of mental health services⁴², slower rates of recovery, and higher rates of unemployment following a period of treatment⁴³.

Similar findings have also often been observed among children and young people. For too long, the mental health of many children and young people from these communities has often been impacted by barriers such as negative perception towards support and care, limited and involuntary pathways to mental health services, lack of mental health awareness, lack of culturally appropriate support, and mental health stigma⁴⁴ as well as the structural racism that we have touched on throughout the Commission's previous thematic reports. The existence of racism within wider society is no longer questioned, and this to within educational settings where many young people spend a large part of their time. A recent survey published by Mind⁴⁵ showed over half of those from Black and Black British backgrounds (55%) and mixed ethnic background (57%) have experienced racism at school. We know that experiencing racism has significant negative mental health consequences for young people, and Mind's report found that 70% of those who experienced racism said that it had an impact on their wellbeing (Mind, 2021).

Acts such as the Patient and Carer Race Equality Framework (PCREF) – which was a recommendation following the national Mental Health Act Review in 2018 and exist to eliminate the unacceptable racial disparity in the Access, Experience and Outcomes (AEO) of Black communities and significantly improve their trust and confidence in mental health services – must be taken forwards, the behaviour of services must be re-thought and engaging with the community and embedding within the community must be taken much more seriously. As will be explored later, MAC-UK⁴⁶, for example, goes out and engages with young people where they are, whilst ensuring the workforce looks like the people it is serving is also vitally important. If we have a workforce that is mostly White and the community it is serving is mostly

⁴⁰ Race Equality Foundation (2019) *Racial disparities in mental health: Literature and evidence review*. Available at: [Layout 1 \(raceequalityfoundation.org.uk\)](https://www.raceequalityfoundation.org.uk)

⁴¹ Khan, L., Saini, G., Augustine, A., Palmer, K., Johnson, M. and Donald, R. (2017) *Against the odds: Evaluation of the Mind Birmingham Up My Street programme*. London: Centre for Mental Health. Available from: <https://www.centreformentalhealth.org.uk/publications/against-odds>

⁴² Kapadia, D., Zhang, J., Salway, S., Nazroo, J., Booth, A., Villarroel-Williams, N., Becares, L. and Esmail, A. (2022) *Ethnic Inequalities in healthcare: A Rapid Evidence Review*. NHS Race & Health Observatory. Available from: https://www.nhs.uk/wp-content/uploads/2022/02/RHO-Rapid-Review-Final-Report_v.7.pdf

⁴³ Morgan, C., Fearon, P., Lappin, J., Heslin, M., Donoghue, K., Lomas, B., Reininghaus, U., Onyejiaka, A., Croudace, T., Jones, P. B., Murray, R. M., Doody, G. A. and Dazzan, P. (2017) Ethnicity and long-term course and outcome of psychotic disorders in a UK sample: the AESOP-10 study. *The British Journal of Psychiatry: the journal of mental science*, 211(2), 88–94. <https://doi.org/10.1192/bjp.bp.116.19334>

⁴⁴ Le, H., Onabajo, A., Adesiyun, P., Jones, T., & Busari, E. (2022) *A Voice for Change: Young Changemakers tackling mental health inequalities in racialised communities*. Available from: https://www.centreformentalhealth.org.uk/sites/default/files/publication/download/CentreforMentalHealth_AVoiceForChange_YoungChangemakers.pdf

⁴⁵ Mind (2021) (2) *Just for Kids Law on Twitter: "In @MindCharity's survey on how racism in schools was damaging the mental health of young people from Black, Asian and Minority Ethnic backgrounds, 55% of those from Black and Black British backgrounds & 57% of those from mixed ethnic backgrounds had experienced racism at school. https://t.co/pPRbVe7Cbe" / Twitter*

⁴⁶ MAC-UK (2020) *Project Future*. Available from: <https://mac-uk.org/project/project-future/>

Black, there is an issue similar to that of the teaching workforce in schools being unrepresentative of the community that it serves.

Equally, factors such as sexism, racism, and homophobia can be 'toxic', and these are often associated with socioeconomic disadvantage. For example, men of African Caribbean heritage are up to nine times more likely to receive a diagnosis of psychosis. A recent inquiry identified a pattern of exclusion, including educational disadvantage and racism, as contributory factors. The prevalence of poor mental health among socially excluded groups can be extremely high, with common mental health problems four to 15 times higher for homeless people and 50 to 100 times higher for people who are street homeless⁴⁷. Further to this, the CEO of Samaritans, Julie Bentley told the Health and Social Care Select Committee inquiry into Young People's mental health in 2021 that 'structural inequalities in the design of services mean that young people from Black, Asian and minority ethnic backgrounds often struggle to access the services, particularly young Black men'⁴⁸.

A recent report carried out by the Early Intervention Foundation and the Race Equality Foundation in 2022 found that Black, Brown and minority ethnic families are more likely to face inequalities in terms of access to services and struggle to get the help they need⁴⁹. This is often patterned by their exposure to racism and discrimination. This is particularly important as we know that experiencing racism affects child development. The EIF and Race Equality Foundation report hears the voices of young people and parents and recounts 'the kinds of experiences that make it less likely for some families to successfully access much needed support, less likely to develop supportive relationships with practitioners and consequently less likely to see the positive benefits that these services can provide'.

Young people with Special educational needs and disabilities

Children and young people with SEND and their families are at greater risk of experiencing poor mental health. As was laid out in the Commission's recent report 'All Together Now', which looks at the education system for children and young people, we found that those with SEND are disproportionately likely to be living in vulnerable and precarious situations and less likely to be able to access the support needed. In an analysis of UK population based data, children with learning disabilities were 1.5 to 2 times more likely to be exposed to social and environmental risk factors: living in a single parent household (30% vs. 23%), living in income poverty (47% vs. 30%), two or more recent negative life events (37% vs. 24%), poor family functioning (27% vs. 18%), primary carer has no educational qualifications (38% vs. 20%), household with no adult in paid work (30% vs. 14%), child's mother screened positive for a mental health disorder (33% vs. 24%), and child's mother's physical health was less than 'good' (20% vs. 6%). Children with learning disabilities were also more likely to be exposed to multiple (three or more) social and environmental risk factors (46% vs. 24%) (Emerson & Hatton, 2007). The latest NHS Digital report showed that more than half of 6 to 16-year-olds with a special educational need or disability (SEND) had a probable mental disorder (56.7%), compared with 12.5% of those without SEND. This rate increased from 43.9% and 8.2% for these respective groups in 2017. Rates were similar in boys and girls with a special educational need or disability.

The coronavirus pandemic has further worsened the situation for a large proportion of children with SEND and their families. The latest NHS Digital report also revealed that the parents of almost half (46%) of 6- to 16-year-olds with SEND reported a reduction in the support that their

⁴⁷ Fitzpatrick, R., Kumar, S., Nkansa-Dwamena, O., and Thorne, L., 2014. Ethnic Inequalities in Mental Health: Promoting Lasting Positive Change

⁴⁸ Health and Social Care Select Committee (2021). *Children and Young People's Mental Health*. Available from: <https://committees.parliament.uk/publications/8153/documents/83622/default/>

⁴⁹ Early Intervention Foundation (2022) *Improving the way family support services work for minority ethnic families*. Available at: [Improving the way family support services work for minority ethnic families | Early Intervention Foundation \(eif.org.uk\)](https://www.eif.org.uk/improving-the-way-family-support-services-work-for-minority-ethnic-families)

child received for special educational needs due to the pandemic. Even before the pandemic, families with children with SEND already faced more stressors, on average, than those with neurotypical children⁵⁰. With the sudden closure of essential services and schools, as well as the long period of staying at home, carefully developed routines became disrupted, support networks disintegrated, and parents were asked to do a job that trained teachers found challenging, especially without any training⁵¹. Both parents and children with SEND have reported experiencing worry, loss and significant changes in mood and behaviours as a result of the rapid social changes that occurred due to the pandemic⁵². Similarly, throughout the pandemic, parents/carers reported substantially higher levels of behavioural, emotional, and attentional difficulties for children with SEND than those without SEND⁵³. In March 2021, two thirds of children with SEN/ND (68%) were classified as possible/probable cases for attentional problems, in comparison to 17% of those without SEN/ND. Half of the children with SEN/ND (52%) and 15% of children without SEN/ND were classified as possible/probable cases for emotional problems⁵⁴.

Added to this, a considerable number of parents have struggled to teach their children from home and for parents of children with SEND this was particularly challenging. This has increased the disadvantage gap, caused burnout for parents, and sped up lost learning time. In total, some 79% of parents, in one study, stated that their own mental health had declined over the course of lockdown.⁵⁵ Recognising the impact of parental mental wellbeing on the mental wellbeing of their children, this growing trend of parental mental health problems is a significant factor in the worsening mental health of already vulnerable children.

Overall, given that 16% of children and young people in England have a special educational need and disability (SEND), this number translates into a significant demand of mental health support for this group of young people⁵⁶. This in turns results in a significant knock-on effect on NHS CYPMHS, available mental health support and the overall stretch placed on mental health and wellbeing services in England.

LGBTQI+ groups

It is well-established that young people who are LGBTQI+ are disproportionately affected by poorer mental health and face higher risk of self-harm and suicide. Reasons for this include their frequent experience of discrimination, homophobia or transphobia, social isolation, bullying, rejection, and difficult experiences of coming out^{57 58 59}. In one of the largest survey samples of

⁵⁰ McStay, R.L., Trembath, D. and Dissanayake, C., 2014. Stress and family quality of life in parents of children with autism spectrum disorder: Parent gender and the double ABCX model. *Journal of autism and developmental disorders*, 44(12), pp.3101-3118.

⁵¹ Asbury, K., Fox, L., Deniz, E., Code, A. and Toseeb, U., 2021. How is COVID-19 affecting the mental health of children with special educational needs and disabilities and their families? *Journal of autism and developmental disorders*, 51(5), pp.1772-1780.

⁵² Ibid

⁵³ Shum, A., Skripkauskalte, S. and Pearcey, S., 2021. Report 10: Children and adolescents' mental health: One year in the pandemic. *Co-SPACE study*.

⁵⁴ Ibid

⁵⁵ Children's Commissioner (2021) *Supporting children with special educational needs and disabilities to return to school*. Available at:

[Supporting children with special educational needs and disabilities to return to school | Children's Commissioner for England \(childrenscommissioner.gov.uk\)](https://www.childrenscommissioner.gov.uk/supporting-children-with-special-educational-needs-and-disabilities-to-return-to-school/)

⁵⁶ Gov.uk (2022) *Special educational needs in England*. Available at: [Special educational needs in England, Academic Year 2021/22 – Explore education statistics – GOV.UK \(explore-education-statistics.service.gov.uk\)](https://www.gov.uk/government/statistics/special-educational-needs-in-england)

⁵⁷ Acevedo-Polakovich, I.D., Bell, B., Gamache, P. and Christian, A.S., 2013. Service accessibility for lesbian, gay, bisexual, transgender, and questioning youth. *Youth & Society*, 45(1), pp.75-97.

⁵⁸ Price-Feeney, M., Green, A.E. and Dorison, S., 2020. Understanding the mental health of transgender and nonbinary youth. *Journal of Adolescent Health*, 66(6), pp.684-690.

⁵⁹ Rodgers, S.M., 2017. Transitional age lesbian, gay, bisexual, transgender, and questioning youth: issues of diversity, integrated identities, and mental health. *Child and Adolescent Psychiatric Clinics*, 26(2), pp.297-309.

LGBTQ 16–25-year-olds in England by Youth Chances, LGBTQ young people report significantly higher levels of mental health problems including depression and anxiety, self-harm and suicidal thoughts⁶⁰. This report also saw alarming higher levels of verbal, physical and sexual abuse among LGBTQ young people⁶¹.

In addition, this Youth Chances report revealed that nearly half of LGBTQ young people (49%) reported that their time at school was affected by discrimination or fear of discrimination, leading to consequences such as missing lessons, achieving lower grades, feeling isolated and left out and having to move schools. This report saw 65% of LGBTQ young people thinking their school supported its pupils badly in respect of sexuality or gender identity, highlighting the importance of raising awareness amongst young people of school policies to protect LGBTQ young people⁶².

Young people from LGBTQI+ groups also experience difficulties in accessing good quality mental health services. Stonewall found that through fear of discrimination, 14% of LGBT people have avoided treatment and 13% have experienced some form of unequal treatment from healthcare staff. Moreover, 5% of people in this survey have also been pressured in to accessing services to question or change their sexual orientation when accessing these healthcare services. Although there is no official data, this number is likely to be comparable or even lower for children and young people.

In a recent report published by Just Like Us, an LGBT+ young people's charity, on 2,934 pupils aged 11 to 18, 68% of LGBT+ young people said that their mental health had 'got worse' since the beginning of the pandemic compared to 49% of their non-LGBT+ counterparts⁶³. Moreover, over half (55%) of LGBT+ young people reported worrying about their mental health on a daily basis during lockdown, compared to just a quarter (26%) of non-LGBT+ young people⁶⁴. During the pandemic and lockdowns, LGBT+ young people were twice as likely to feel lonely as their non-LGBT+ peers and it was worse for young people who have not come out to the family members they live with. Taken together, these findings strongly indicate the increased vulnerability to mental health problems among these young people, making them a priority when it comes to mental health research and support provision.

Children and teenagers in care

Overall, half of all children in care meet the criteria for a possible mental health disorder, which compares to 1 in 10 children outside of the care system⁶⁵.

Children in care are often likely to have experienced trauma and negative childhood experiences, which all have detrimental impacts on a child's mental health. These children and young people are also more likely to have been exposed to adversity in childhood, to have been exploited, and in need of more acute care. Research has shown that children in care are more likely to have a mental health difficulty compared to their peers and this can be as a result of the abuse or neglect they have experienced, an over-exposure to isolation and loneliness or living in socio-economic hardship, all of which increases their likelihood to develop a mental health issue⁶⁶.

⁶⁰ Youth Chances (2016) *Integrated report*. Available at: [National Youth Chances Intergrated Report 2016.pdf](https://www.youthchances.org.uk/wp-content/uploads/2016/06/National-Youth-Chances-Integrated-Report-2016.pdf) (metrocharity.org.uk)

⁶¹ Ibid

⁶² Ibid

⁶³ <https://www.justlikeus.org/wp-content/uploads/2021/11/Just-Like-Us-2021-report-Growing-Up-LGBT.pdf>

⁶⁴ Ibid

⁶⁵ Gov.uk (2018) *Improved mental health support for children in care*. Available at: [Improved mental health support for children in care - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/714423/Improved-mental-health-support-for-children-in-care-GOV.UK.pdf)

⁶⁶ NSPCC Learning (2022) *Child Mental Health*. Available at: [Child mental health: recognising and responding to issues | NSPCC Learning](https://www.nspcc.org.uk/learnings/child-mental-health/)

⁶⁷ [Commission on Young Lives calls for an end to 'exclusions culture' as part of a new era of inclusive education to tackle the scourge of teenage violence and exploitation and help all children to succeed at school](https://www.thecommissiononyounglives.co.uk/wp-content/uploads/2022/03/Commission-on-Young-Lives-calls-for-an-end-to-exclusions-culture-as-part-of-a-new-era-of-inclusive-education-to-tackle-the-scourge-of-teenage-violence-and-exploitation-and-help-all-children-to-succeed-at-school.pdf) (thecommissiononyounglives.co.uk)

The consequences of poor mental health for children in care are considerable. Children who enter care with poorer mental health because of the above-mentioned issues are more likely to experience 'placement instability' whilst in care and the instability caused by multiple placements can cause mental health to worsen. Children with more severe emotional and behavioural problems often have experienced more types of abuse when they enter the care system. 62% of looked after children are in care because of abuse or neglect.

Children in care are often the most likely to have or be having negative interactions with the institutions that should be keeping them safe and helping them. As the Commission on Young Lives first thematic report in 2021 pointed out, children excluded from school are often the most vulnerable children and they are twice as likely to be in the care of the state, four times more likely to have grown up in poverty, seven times more likely to have a special educational need and 10 times more likely to suffer recognised mental health problems⁶⁷.

The recent Independent Review of Children's Social Care sets out how teenagers are the largest growing cohort in both child protection and care. The review found that for teenagers, 'the most prevalent factor at assessment is the child's mental health' and that from the age of 12 'there is a sharp increase in child alcohol and drug misuse, child sexual exploitation, trafficking, gangs, missing children, socially unacceptable behaviour and self-harm'. Coupled to this, older children are also more likely to remain in care for longer compared to the youngest entrants.

The Care Review confirms too that many children are sent a long distance from their own communities and to spaces and areas they do not know or trust. This often causes their relationships with their friends, families, and any other trusted relationships they may have built up to break. This making and breaking of important relationships has a 'deep and negative impact on children's mental health and sense of worth'. These outcomes for children are not simply alarming, they are also the result of the way in which the multitude of systems work for the most vulnerable children⁶⁸. Children in care will often have had and continue to have negative experiences with the justice, health, education, and social care system and feel neglected, excluded and let down, which has a severe impact on their mental health.

Children living in poverty

As the Commission has been told by children, young people, and families themselves, children in poverty are more likely to be facing adverse life conditions and feel as though no one and/or no service cares about them, that there is nowhere and no one for them to turn to and are less likely to have access to activities, spaces and help that would make their lives better. Social determinants of health have an impact on not only physical health but also on mental health. These determinants refer to populations in areas of low socio-economic status who are more at risk of experiencing traumatic events, crime, unemployment, unstable homes, poor physical health, and poverty⁶⁹. Poverty, at persistent levels or transitions into poverty, is strongly associated with the development of childhood mental health problems⁷⁰. Inadequate housing, homelessness, food insecurity, and the stress and stigma of poverty are affecting children's

⁶⁷ [Commission on Young Lives calls for an end to 'exclusions culture' as part of a new era of inclusive education to tackle the scourge of teenage violence and exploitation and help all children to succeed at school](https://thecommissiononyounglives.co.uk) (thecommissiononyounglives.co.uk)

⁶⁸ The Independent Review of Children's Social Care (2022) *Final Report*. Available at: [Final Report - The Independent Review of Children's Social Care](https://childrensocialcare.independent-review.uk) (childrensocialcare.independent-review.uk)

⁶⁹ Institute of Health Equity (2014) *Marmot Health Indicators for Local Authorities in England - Update 2014*. Available at: [Marmot Health Indicators for Local Authorities in England - Update 2014 - IHE](https://instituteofhealthequity.org) (instituteofhealthequity.org)

⁷⁰ E, Fitzsimons, et al (2016) *Poverty dynamics and parental mental health: Determinants of childhood mental health in the UK*, Social Science & Medicine, Volume 175, 2017, Pages 43-51, ISSN 0277-9536. Available at: <https://doi.org/10.1016/j.socscimed.2016.12.040>

physical and mental health in a myriad of ways. Research has shown that improving people's socioeconomic status significantly reduced mental health problems⁷¹. In the UK, child poverty rose 4% in the eight years prior to Covid, an estimated increase of 700,000 children⁷² together with a cost-of-living crisis that is increasing poverty. The cost-of-living crisis is significant here in many ways, as research has shown. For example, housing improvements have the potential to both improve mental health, whilst increasing warmth in the home and reducing fuel poverty may also improve mental health⁷³.

The negative impact of poverty on children's wellbeing emerges early in life and become more pronounced throughout childhood. For example, in one cohort study, 7.3% of 4-year-olds in the most deprived areas of Glasgow were rated by their teachers as displaying 'abnormal' social, behavioural, and emotional difficulties, compared with only 4.1% in the least deprived areas. By age 7, the gap between these groups had widened substantially: 14.7% of children in the most deprived areas were rated as having 'abnormal' difficulties, compared with 3.6% of children in the least deprived⁷⁴. A similar pattern was also seen in the national data from parental ratings of children's behaviour⁷⁵. A recent report by the National Foundation for Educational Research (2022) also found that the negative impacts of the pandemic were greatest on reading in Key Stage 1 (and in Year 1 in particular), whilst in Key Stage 2 it was mathematics attainment that was affected the most and which also showed slower recovery than reading. It also found that 'the disadvantage gap prior to Covid was at least twice as large as any impact of Covid on pupil attainment. The initial lockdown had a greater impact on disadvantaged pupils than non-disadvantaged pupils and the disadvantage gap widened by Autumn 2020'⁷⁶.

Submissions to our call of evidence pointed to research showing that children in the poorest households are three times more likely to have a mental illness than children in the best-off households whilst one in ten children in the UK suffers from a poverty related mental health problem. Similarly, NHS Digital reported that children and adolescents with a probable mental health condition were twice as likely to live in households newly falling behind on bills (13%, compared with 7% of 6 to 16-year-olds without a mental health condition). In addition, findings from the UK Millennium Cohort Study showed that young people from families on the lowest 40% of the income distribution have almost twice the attempted rates of suicide compared to those from families with higher incomes⁷⁷. Poor mental health arising from poverty can also translate into later physical health problems⁷⁸. In other words, mental health inequality is the 'missing link' between poverty, physical ill-health, and shorter life expectancy⁷⁹.

⁷¹ Ridley M, Rao G, Schilbach F, Patel V. Poverty, depression, and anxiety: Causal evidence and mechanisms. *Science*. 2020 Dec 11;370(6522):eaay0214. doi: 10.1126/science.aay0214. PMID: 33303583

⁷² IFS (2021) *Living standards, poverty and inequality in the UK: 2021*. Available at: [R194-Living-standards-poverty-and-inequality-in-the-UK-2021.pdf \(ifs.org.uk\)](https://www.ifs.org.uk/poverty-and-inequality-in-the-UK-2021.pdf)

⁷³ Browne, et al (2020) *Practice to Policy: Clinical Psychologists' Experiences of Macro-Level Work*, February 2020, [Professional Psychology Research and Practice](https://doi.org/10.1037/pro0000301) 51(4), DOI:[10.1037/pro0000301](https://doi.org/10.1037/pro0000301)

⁷⁴ Marryat, L., Thompson, L., Minnis, H. and Wilson, P., 2018. Primary schools and the amplification of social differences in child mental health: a population-based cohort study. *J Epidemiol Community Health*, 72(1), pp.27-33.

⁷⁵ Bromley, C. and Cunningham-Burley, S., 2010. *Growing up in Scotland: health inequalities in the early years*. Edinburgh: Scottish Government.

⁷⁶ NFER (2022) *The Impact of Covid-19 on pupil attainment - a summary of research evidence*. Available at: [The Impact of Covid-19 on pupil attainment - a summary of research evidence - NFER](https://www.nfer.ac.uk/research-and-evidence/the-impact-of-covid-19-on-pupil-attainment-a-summary-of-research-evidence)

⁷⁷ Patalay, P. and Fitzsimons, E. (2020). Mental ill-health at age 17 in the UK: Prevalence of and inequalities in psychological distress, self-harm and attempted suicide. London: Centre for Longitudinal Studies

⁷⁸ Kivimäki, M., Batty, G.D., Pentti, J., Shipley, M.J., Sipilä, P.N., Nyberg, S.T., Suominen, S.B., Oksanen, T., Stenholm, S., Virtanen, M. and Marmot, M.G., 2020. Association between socioeconomic status and the development of mental and physical health conditions in adulthood: a multi-cohort study. *The Lancet Public Health*, 5(3), pp.e140-e149.

⁷⁹ Centre for mental health (2020) *Mental health for all? The final report of the Commission for Equality in Mental Health*. Available at: [Commission FinalReport updated.pdf \(centreformentalhealth.org.uk\)](https://www.centreformentalhealth.org.uk/Commission-FinalReport-updated.pdf)

Poverty does not affect everyone equally. For example, almost half of larger (three or more children) and single-parent families are in poverty. Poverty and health inequalities also intersect with ethnicity. The rate of poverty is significantly higher for Black, Brown and minority ethnic families than their white counterparts; 46% of people living in families where the head of household is Black, African, Caribbean, or Black British are in poverty, compared to just 19% of those living in families where the head of household is White. People in Black and minority ethnic families are also between two and three times more likely to be in persistent poverty than people in White families⁸⁰.

Secure and adequate income, access to good education, employment, housing, and health care are all fundamental to ensuring that children have a good base from which to grow up and reduce their vulnerabilities to poor mental health. Indeed, as a 2019 report which focused on investing to save noted 'an awareness that an investment in ensuring the basic living conditions in which children will thrive can potentially save the Exchequer substantial sums in the longer term.

Alongside such a universalist emphasis, there can be value in more targeted initiatives to help those most vulnerable or at risk which we will discuss in more detail throughout the report⁸¹. These include community-based approaches which can effectively harness and mobilise local resources, workers and those with trusted relationships embedded within those communities, including community focused organisations like Partisan. Such an approach is far more likely to ensure the participation of marginalised, disadvantaged, and vulnerable families.

Children in the youth custody and youth justice systems

It is well established that many who enter prison do so with histories of trauma, abuse, substance misuse, poor mental and physical health and this is true for young people. Statistics show that there is an overrepresentation of people with mental health and substance abuse difficulties in custody and that, overall, 1 in 3 children in prison have mental health difficulties⁸². At any given time, there are around 1,000 children held in secure settings in England and these children have significantly greater, and often previously unidentified and unmet, physical, mental, and emotional health, and speech, language and communication needs, and neuro-disabilities than other children their age. This includes but is not limited to a prevalence of mental health disorders⁸³.

The Commission has heard, through its call for evidence and evidence gathering sessions, that the use of punitive measures when children are locked up is often counterproductive to the therapeutic care that is needed. Children who do end up in custody are three times more likely to have mental health disorders than those who do not⁸⁴. These children are also more likely to have more than one mental health problem, to have a learning difficulty, be dependent on drugs and alcohol and to have experienced other challenges.

⁸⁰ NHS Confederation (2022) Children and young people's social prescribing service: Stort Valley and Villages PCN. Available from: <https://www.nhsconfed.org/case-studies/children-and-young-peoples-social-prescribing-service>

⁸¹ Burstow, P., Newbigging, K., Tew, J., and Costello, B., 2018. Investing in a Resilient Generation: Keys to a Mentally Prosperous Nation. Birmingham: University of Birmingham

⁸² Article 39 (2019) *End Child Imprisonment*. Available at: [ECI-Principles-and-Minimum-Expectations-FINAL-pub-18-April-2019.pdf](https://www.article39.org.uk/wp-content/uploads/2019/04/ECI-Principles-and-Minimum-Expectations-FINAL-pub-18-April-2019.pdf) ([article39.org.uk](https://www.article39.org.uk))

⁸³ RCPCH (2019) *Healthcare standards for children and young people in secure settings*. Available at: [Healthcare standards for children and young people in secure settings | RCPCH](https://www.rcpch.org.uk/standards-for-children-and-young-people-in-secure-settings)

⁸⁴ Centre for Mental Health (2020) *Youth Justice*. Available at: [Healthcare standards for children and young people in secure settings | RCPCH](https://www.rcpch.org.uk/standards-for-children-and-young-people-in-secure-settings)

It is clear from our evidence gathering that many of the mental health needs of those at risk of offending are not being recognised and met by existing services. Evidence submitted to the Commission has shown that resources and expertise are lacking in this area. Unsurprisingly, we have been told that a rising tide of mental health needs and vulnerability to exploitation, crime and other are interlinked. This means in practice that whilst the offending may have been a risk factor for mental health problems in the first place, it has long been understood that mental health problems in turn go on to be a risk factor for continued offending. There are strong arguments that early detection may reduce the likelihood that young offenders will persist with criminal activity into adulthood, and that having a disorder as a child or young person also predicts more chronic disorder in adulthood.

Far too often, children are locked up because of a failure to provide them the right support before they reach crisis point and commit a crime. Children can be deprived of their liberty in a range of ways: if they have a mental disorder, they can be detained under the Mental Health Act - which often disproportionately discriminates against Black, Brown, and minority ethnic children where they are four times more likely to be detained - in inpatient mental health wards. If they have been accused or convicted of committing a crime, they can be remanded or sentenced to Young Offender Institutions, Secure Training Centres or Secure Children's Homes. Finally, if they are themselves at risk of coming to harm, or harming another child, the Children Act can be used to place them in a Secure Children's Home⁸⁵.

The Children and Young People Secure Estate (CYPSE) provides placements for children aged between 10 and 17, either for a young person's welfare or through the youth justice system. Girls entering the CYPSE are a highly vulnerable group, with high levels of trauma and poor mental health⁸⁶, and girls from racialised communities are over-represented in the CYPSE but may be less likely to have their needs recognised and met. Incidents of serious self-harm are more common among girls than boys in the CYPSE, and of particular concern in single gender settings. This is the most common reason for the use of force or restraint with girls, which can be traumatic and erode trust in staff. Indeed, girls experiencing such high levels of adversity and multiple needs require support that is gender-responsive and trauma-informed, and these approaches are being employed in some settings. At the same time, gaps in community support for vulnerable girls increase their risk of being placed in the CYPSE. There is a crucial need for earlier intervention to support girls who are facing trauma and adversity, and for more community-based alternatives to the CYPSE⁸⁷.

Research by the House of Commons Justice Committee in 2016 sets out the obvious connections between the justice and safeguarding systems in their overlapping populations. There are exceedingly high levels of poor mental health, learning difficulties and high levels of trauma amongst the young adult custody population. Indeed, work carried out by the Youth Justice Board in 2020 found that of the youth justice population, 72% had mental health concerns⁸⁸.

As the HM Inspectorate of Probation, Transitional Safeguarding has said, 'young people whose choices have been restricted (whether through exploitation or by virtue of a criminal justice response), require a highly participatory response from professionals'. It is vital that we afford them 'as much as much voice and choice as possible' so that young people can counter the controlling dynamics of criminal groups and enable 'appropriate responsibility without blame and is also accordant with mental capacity being presumed from aged 16'⁸⁹. Indeed, the experience

⁸⁵ Children's Commissioner (2021) *Building Back Better*. Available at: [coco-building-back-better.pdf](https://www.childrenscommissioner.gov.uk/wp-content/uploads/2021/06/coco-building-back-better.pdf) ([childrenscommissioner.gov.uk](https://www.childrenscommissioner.gov.uk))

⁸⁶ Centre for Mental Health (2021) *Out of sight*. Available at: [Out of sight | Centre for Mental Health](https://www.outofsight.org.uk/)

⁸⁷ Ibid

⁸⁸ Youth Justice Board (2020) *Assessing the needs of sentenced children in the Youth Justice System 2019/20*. Available at: [experimental-statistics-assessing-needs-sentenced-children-youth-justice-system-2019-20.pdf](https://www.youthjusticeboard.gov.uk/wp-content/uploads/2020/12/experimental-statistics-assessing-needs-sentenced-children-youth-justice-system-2019-20.pdf) ([publishing.service.gov.uk](https://www.publishing.service.gov.uk))

⁸⁹ HM Inspectorate of Probation (2022) *Transitional Safeguarding*. Available at: [Transitional safeguarding](https://www.justiceinspectorates.gov.uk/) ([justiceinspectorates.gov.uk](https://www.justiceinspectorates.gov.uk/))

of criminality, legal issues and detention is often stressful and potentially traumatic, which can be associated with higher rates of mental illness. Disparities and inconsistencies in the way children come to the attention of the youth justice system, in dealings with police, in access to diversion and support, are key concerns particularly for racially minoritized children, children with care experience, and children with neurodevelopmental disorders or mental health and physical health needs or disabilities.

Children experiencing school exclusions

Children and their parents and families have told the Commission of the damaging impact that exclusions have on them, often being out of school for extended periods, feeling isolated and away from peers and once again feeling uncared for. Children can be punished for behaviour that is linked to their mental health, and responses to their behaviours, which can often include the use of isolation rooms and exclusion - rather than therapeutic interventions - which can further harm young people's mental health. The use of 'zero-tolerance' policies, have been shown to be particularly counterproductive to bettering young people's mental health – these include but are not limited to: exclusion, suspension, isolation rooms and detention.

As noted in the Commission's thematic report 'All Together Now', suspensions can increase the risk of being involved in the criminal justice system and excluding children, when often what we are told that children need therapeutic support for their mental health and wellbeing needs. This can foster a sense of rejection and despair rather than attempting to ensure children remain within a setting that they can know and trust. Research carried out by the University of Exeter in 2020 also found that poor mental health was both the cause and effect of school exclusion⁹⁰. The research provided further evidence that poor mental health impacted those that were facing a wide range of challenges and needed both education and mental health practitioners to act quickly to prevent exclusions and improve educational and health outcomes now and later in life. Children included in the study that were excluded from school also often had poor mental health and faced early family adversity, reinforcing the fact that vulnerable children need tailored support throughout their schooling journey.

In our previous report we highlighted that the IPPR report 'Making the Difference', shows how alongside the growing number of official exclusions, there are also significant issues with how unofficial exclusions are being used by schools. It also highlighted that excluded children are often the most vulnerable: 'twice as likely to be in the care of the state, four times more likely to have grown up in poverty, seven times more likely to have a special educational need and 10 times more likely to suffer recognised mental health problems.'⁹¹.

We have argued that mental health, and wellbeing should be a key measure for Ofsted. Place2Be have supported this call - in their call for evidence submission to the Commission they told us that the education inspection frameworks should have an increased emphasis on pupil wellbeing as part of a whole school approach to mental health, and that initial teacher training should have increased emphasis on pupil wellbeing and mental health. This could support governments ambitions to provide earlier help – particularly for children with SEND. We would like to see this as a wholesale shift toward inclusion to help all children and young people to succeed.

We have highlighted how most exclusions take place in a minority of schools. Sir Norman Lamb, Chair of the Children and Young People's Mental Health Coalition (CYPMHC) told us during one of the Commission's evidence sessions, 'I am horrified by the rate of exclusions from schools. Rates of exclusions vary hugely between two schools serving the same demographic but end up having two vastly different outcomes.' He argued we must and can pursue excellence whilst not

⁹⁰ Tamsin et al., (2017) The relationship between exclusion from school and mental health: A secondary analysis of the British Child and Adolescent Mental Health Surveys 2004 and 2007 VL – 48 DO - 10.1017/S003329171700215X JO - Psychological medicine.

⁹¹ Institute for Public Policy Research (2017) Making The Difference: Kiran Gill, with Harry Quilter-Pinner and Danny Swift.

excluding people and that it is a 'incompetent approach to think you can get rid of a problem by simply excluding people. The consequences of children being more likely to have mental health problems because of exclusions - should ring serious alarm bells.'

In support of this, a report by Mind in 2021 found that before the pandemic many young people experiencing mental health problems were finding secondary school a significant challenge. They were more likely to be excluded, to be absent, and to have poorer outcomes at GCSE. Those from low-income backgrounds without access to technology have particularly struggled to take part in their education.⁹² Of the school staff that Mind surveyed for this report they found that nine in ten (88%) of the school staff said that the mental health of students had become worse due to the pandemic. Reasons given for this included a loss of routine, social isolation and difficulties accessing support⁹². Ensuring a wellbeing-friendly education is also essential to safeguarding these vulnerable children. This stresses the importance of whole school approaches to social and emotional learning and guaranteeing tailored support for the most vulnerable students.

A recent publication exploring the relationship between mental health and school exclusion found that 'school-based mental health interventions may positively influence educational engagement as well as mental health'⁹³. It argues that providers should 'monitor both to explore the impact of their interventions' and that the identification of poor mental health may alter staff perceptions and management of challenging pupils, which future studies should explore. Despite more complex and severe initial difficulties, and facing greater adversity, children who experienced school exclusion prior to counselling demonstrated a significant reduction in subsequent sessions of school exclusion in the academic year that the counselling took place. Moreover, over 74% of the students had fewer reported exclusions and more than half (56%) did not have any further subsequent exclusions. They also had better mental health measured by the teacher reported Strengths and Difficulties Questionnaire, or by the parents. The research concluded that school-based mental health interventions may positively influence educational engagement as well as mental health.

Colleges

College leaders we have spoken with have highlighted the significant impact on resilience of Covid, the lack of support from home and other agencies for their students and the impact of the reduction in face-to-face appointments. They report many students are now more socially anxious and need one-to-one interventions, peer mentoring and support rooms, impacting how many students can be supported at any one time. They also say increasing numbers of students now need adjustments for exams, that schools are having to find individual rooms for students to do their exams in, that the number of Education Health Care Plans has risen and that students are taking far longer to form social relationships. Adjustments for exams have become a huge demand, and in one college they have needed to find an extra 75 invigilators to be able to do the exams.

We heard how Covid has sometimes led to family breakdown, hunger, and homelessness. We have also been told of the problems with a 'cliff edge' move to adult services as soon as young people turn 18, and the further pressure that can put on mental health.

One college told us that there has been a 200% increase in safeguarding concerns this academic year, and that peer-on-peer abuse has spiralled too. To counteract some of this, some colleges have looked to build resilience into the curriculum. We spoke to colleges seeking to be informed by a trauma led strategy, have increased the number of trained mental health first

⁹² Mind (2021) *Not making the grade*. Available at: [not-making-the-grade.pdf \(mind.org.uk\)](https://www.mind.org.uk/not-making-the-grade.pdf)

⁹³ Toth et al., (2022) *From a child who IS a problem to a child who HAS a problem: fixed period school exclusions and mental health outcomes from routine outcome monitoring among children and young people attending school counselling*. Available at: [From a child who IS a problem to a child who HAS a problem: fixed period school exclusions and mental health outcomes from routine outcome monitoring among children and young people attending school counselling - Toth - - Child and Adolescent Mental Health - Wiley Online Library](https://onlinelibrary.wiley.com/doi/10.1111/j.1469-7610.2022.02711.x)

aiders, have developed resilience measures, and looked to online solutions such as apps to try and spread the message about mental health and the support that exists. Confidence and connection were two areas of concern that were highlighted to the Commission by colleges in terms of student's mental health wellbeing, with anxiety being 'the biggest concern'.

Indeed, the wider impacts of austerity, coupled with the pandemic over the past 2 years has meant that colleges are trying to pick up a lot of space that other services were once filling. The dearth of specialist provision for children with SEND and those involved in the criminal justice system and having been excluded who have mental health problems is a grave concern for colleges. Some colleges are also being forced to take drastic actions such as making their counselling teams redundant as a result of financial reasons.

What does mental health support look like for children and young people?

Young person

Universal support

Community based provision
including but not limited to:

- Youth groups/clubs
- Open access, drop-in hubs
- Social prescribing
- Third sector/VCS organisations

Schools and colleges
including but not limited to:

- Mental Health Support Teams
- School counselling
- School nurses

Targeted and Specialist support

NHS Children and Young People's Mental Health Services
Assess and treat young people with a range of emotional, behavioural, or mental health difficulties between the ages of 0-18

Local authority support
including but not limited to:

- SEND support
- Children's Services
- Substance Misuse Services
- Violence Reduction Units

Support for young people in secure estate or who at risk of entering it

- Forensic NHS CYPMHS
- SECURE STAIRS

Integrated Care Systems (ICSs)
ICSs are statutory bodies responsible for planning health care in their local area, determining and commissioning services.

(Figure 1)

Currently, mental health support for children and young people is delivered via health settings, education settings and through community-based provision. Universal support is provided to young people via community-based provision and schools and colleges, whilst targeted and specialist support is provided by the NHS and local authorities. Figure 1 seeks to provide an overview mental health system and where young people can access support as their needs progress.

Over recent years, there has been increased policy focus on children and young people's mental health and wellbeing. This has followed longstanding concerns over the complexity of the mental health system, the lack of timely and accessible help for those experiencing distress, the lack of appropriate support for those with additional needs and vulnerabilities, and the variability in regions and local areas. Consequently, there has been a range of policy commitments aimed at transforming children and young people's mental health provision. The 'Transforming Mental Health Provision: Green Paper' published four years ago aimed to increase the availability of mental health support in schools and colleges, and the NHS Long Term Plan (2019) aims to expand access support via NHS Children and Young People's Mental Health Services (CYPMHS). Whilst there has been some welcome progress in the delivery of these initiatives, significant challenges still remain. In their recent inquiry on children and young people's mental health, the Health and Social Care Select Committee concluded that the combination of unmet need prior to the pandemic and additional needs created by the pandemic means that the scale and speed of the improvement planned is not sufficient⁹⁴.

However, further change is underway. The Department of Health and Social Care has committed to develop a new cross-government, 10-year plan for mental health and wellbeing as part of their commitment to 'level up' and address unequal outcomes and life chances across the country⁹⁵. The Government has also committed to modernising the Mental Health Act 1983, with a draft Mental Health Bill now published. In addition, there have been wide-ranging changes to the health system through the creation of Integrated Care Systems which will bring together local authorities and the NHS together to plan and prioritise person-centred care. In this chapter, we will explore the recent policy changes that have been made to improve the mental health care available to children and young people.

Changes to the health system: Integrated Care Systems

Covering the whole of England, 42 integrated care systems (ICS) bring together all NHS organisations and upper tier local authorities in a geographical area to plan and deliver the provision of health and care services, both within the NHS and with local authorities (Centre for Mental Health, 2022⁹⁶). From July 2022, these integrated care systems will be statutory organisations with duties set out in the Health and Care Bill. The purpose of ICSs is to bring together partner organisations to improve outcomes in population health and healthcare, to tackle inequalities in outcomes, experience, and access, to enhance productivity and value for money, and to help the NHS support broader social and economic development⁹⁷.

Each ICS will consist of an integrated care board (ICBs) and an integrated care partnership (ICP). The ICP will bring together health, social care, public health and wider partners to promote partnership arrangements to address the health and social care needs of their local system. The ICB, on the other hand, is a statutory NHS organisation responsible for developing an annual joint forward plan which will set out how it will meet the health needs of its local population - this includes mental health and children and young people's health. ICBs will also be responsible for commissioning services and will have statutory responsibility for safeguarding, SEND, children in care and children in the justice system. Positively, specific commitments have been made by the

⁹⁴ Health and Social Care Select Committee (2021). *Children and Young People's Mental Health*. Available from: <https://committees.parliament.uk/publications/8153/documents/83622/default/>

⁹⁵ Department of Health and Social Care (2022) *Mental Health and Wellbeing Plan: discussion paper and call for evidence*. Available from: <https://www.gov.uk/government/consultations/mental-health-and-wellbeing-plan-discussion-paper-and-call-for-evidence>

⁹⁶ Centre for Mental Health (2022) *Better Together: a public health model for mentally healthy integrated care systems*. Available from: https://www.centreformentalhealth.org.uk/sites/default/files/publication/download/CentreforMentalHealth_Briefing_57_BetterTogether.pdf

⁹⁷ NHS England (n.d) *What are integrated care systems?* Available from: <https://www.england.nhs.uk/integratedcare/what-is-integrated-care/>

government in the Health and Care Bill in relation to children and young people and ICSs. This includes⁹⁸:

- ICBs will be required to set out the steps it will take to address the needs of those aged 0-25 in their forward plan
- NHS England will issue statutory guidance stating that each ICB must nominate an executive children's lead to ensure leadership for children and young people on every ICB
- NHS England guidance will require ICB annual reports to include reporting on how they are delivering their safeguarding duty, by April 2023.
- The government will issue bespoke guidance for babies, children and young people, including provisions for ICP strategies to consider child health outcomes and integration of children's services, as well as providing that the ICS should consult local leadership, as well as children and families themselves.

All ICBs will also be required to have one member with expertise on mental health. Whilst the representation of children and young people on ICBs is much needed and welcome, there is still a lack of detail on how ICSs will prioritise and support children and young people's mental health.

Education settings

The Government has taken steps over recent years to increase the availability of mental health and wellbeing support in schools and colleges through the Green Paper and the introduction of a dedicated Relationships and Sex Education and Health Education Curriculum. Whole school and college approaches to mental health and wellbeing have also been recognised as an integral factor by the government in protecting and promoting the mental health and wellbeing of pupils in education⁹⁹. The Green Paper set out a vision for a whole school and college approach to mental health and wellbeing through increasing the availability of early intervention and prevention support in schools and colleges. This included three key proposals: the roll out of Mental Health Support Teams (MHST) in schools and colleges, training for a new senior mental health lead in every school and college to oversee the whole school approach to mental health and wellbeing and trialling a four-week waiting time standard for specialist mental health services. The Green Paper stated that these proposals would only be rolled out to at least a fifth to a quarter of the country by the end of 2022/23, and that precise rollout would be determined by future funding.

Some welcome progress has been made in implementing the Green Paper proposals. Despite the challenges presented by the Covid-19 pandemic, the Government continued to implement the proposals and made additional investment to accelerate these commitments. The Government invested an additional £79 million to expand access to MHSTs from 59 in March 2020 to around 400 by April 2023, which will achieve the Green Paper's coverage target of 25% a year earlier than planned.

Recent data published by NHS England shows that more than 2.4 million children and young people now have access to a MHST in schools and colleges, with more than 500 teams to be confirmed ahead of the 2023 ambition. An early evaluation of MHSTs, which covered the period from November 2020 to mid-March 2021 found there is good progress in implementing these teams, and early outcomes included better partnership working locally, education settings

⁹⁸ National Children's Bureau (2022) *Babies, children and young people to become an integral part of the Health and Care Bill*. Available from; <https://www.ncb.org.uk/about-us/media-centre/news-opinion/babies-cyp-to-be-integral-part-health-and-care-bill>

⁹⁹ Department for Education (2018) *Mental health and behaviour in schools*. London: Department for Education. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/755135/Mental_health_and_behaviour_in_schools_.pdf

reporting more timely access to support and improved signposting, and staff feeling more knowledgeable and comfortable talking to pupils about mental health issues¹⁰⁰.

The Green Paper also committed to a new senior mental health lead in every school and college to implement a whole school/college approach to mental health and wellbeing. To support implementation, the Department for Education is offering a grant of £1,200 for eligible state-funded schools and colleges in England to train a senior mental health lead, with recent data from the Department showing that over 8,000 schools and colleges have claimed a grant to train a senior mental health lead between October 2021 and March 2022.

Whilst the Green Paper provisions are welcome, implementation and the speed in which all areas of the country will have access to this additional support are concerning. The Health and Social Care Select Committee has noted that the ambition to reach 25% coverage with MHTS was too low and called for action to be taken to fully fund and scale up the roll out of Mental Health Support Teams to cover two thirds of schools in England by 202/25 and 100% by 2027/28¹⁰¹. Our call for evidence also highlighted wide consensus for the faster expansion of MHSTs to all areas of the country. However, progress to expand the rollout of MHSTs is in question, with future funding for the rollout of MHSTs beyond 2023/24 still yet to be decided¹⁰².

What is more, the early evaluation of MHSTs identified that in terms of challenges, a common theme raised was gaps in support, with particular concerns raised about a lack of support for children whose needs were not mild to moderate but also not serious enough to require specialist care¹⁰³. The evaluation highlighted that the 'standard' MHST intervention which Emotional Mental Health Practitioners (EMHPs) had been trained to deliver was less suitable and effective for some groups, including younger children, children who were self-harming, children with SEND and vulnerable and disadvantaged groups.

NHS Children and Young People's Mental Health Services

NHS Children and Young People's Mental Health Services (CYPMHS) assess and treat young people with a range of emotional, behavioural, or mental health difficulties between the ages of 0-18. These services have been subject to transformation over recent years, most recently with the NHS Long Term Plan proposing to expand access and support to improve the mental health of those aged 0-25. Historically they have been described as a 'Cinderella service', with high numbers of children not accepted into treatment and long waits for those who can get onto waiting lists. NHS CYPMH services have also been under-funded and under prioritised, with findings from the Children's Commissioner¹⁰⁴ showing that local areas spend less than 1% of their overall budget on children's mental health and 14 times more on adult mental health services than on services for children.

The NHS Long Term Plan aims to tackle some of these long-standing issues with children's mental health services by increasing funding and access to support. A total of £2.3 billion was made available to implement all mental health commitments included in the Long-Term Plan, including those for children and young people. As we author this report, NHS England are working on a refresh of the Long-Term Plan. At the centre of the Plan is the commitment to invest

¹⁰⁰ Ellins, J. Singh, K. Al-Haboubi, M. Newbould, J. Hocking, L. Bousfield, J. McKenna, G. Fenton, Sarah-Jane. Mays, N. (2021) Early evaluation of the Children and Young People's Mental Health Trailblazer programme. Available from: <https://www.birmingham.ac.uk/documents/college-social-sciences/social-policy/brace/trailblazer.pdf>

¹⁰¹ Health and Social Care Select Committee (2021). *Children and Young People's Mental Health*. Available from: <https://committees.parliament.uk/publications/8153/documents/83622/default/>

¹⁰² Written question (2021) <https://questions-statements.parliament.uk/written-questions/detail/2021-09-10/46986>

¹⁰³ Ellins, J. Singh, K. Al-Haboubi, M. Newbould, J. Hocking, L. Bousfield, J. McKenna, G. Fenton, Sarah-Jane. Mays, N. (2021) Early evaluation of the Children and Young People's Mental Health Trailblazer programme. Available from: <https://www.birmingham.ac.uk/documents/college-social-sciences/social-policy/brace/trailblazer.pdf>

¹⁰⁴ Children's Commissioner (2021) *The state of children's mental health services 2019/20*. Available from: [occ-the-state-of-childrens-mental-health-services-2019-20.pdf](https://www.childrenscommissioner.gov.uk/the-state-of-childrens-mental-health-services-2019-20.pdf) ([childrenscommissioner.gov.uk](https://www.childrenscommissioner.gov.uk))

in children and young people's mental health services at a faster rate than both overall NHS funding and total mental health spending in response to the historic underfunding of these services. The Plan also commits to creating a comprehensive offer of support for 0-25s and expanding access to support via NHS funded mental health services or Mental Health Support Teams to at least an additional 345,000 children and young people aged 0-25 by 2023/24 and to 100% by the end of the decade. In addition, the Plan includes measures to improve support for young adults aged 18-25 to facilitate smoother transitions between child and adolescent mental health services and adult mental health services.

Additionally, the Long-Term Plan commits to investing in additional support for the most vulnerable children and young people in, or at risk of being in contact with the youth justice system. The plan proposes the development of a high-harm, high risk, high vulnerability trauma-informed service that will provide consultation, advice, assessment, treatment and transition into integrated services. In response to this commitment to provide additional support for the most vulnerable young people with complex needs, NHS England and NHS Improvement (NHSEI) have developed a Framework for Integrated Care. This framework aims to support the development and facilitation of trauma-informed and integrated systems that will help the most vulnerable to thrive. The framework provides a guiding set of principles and practices that act as a template for the co-production and integration of services.

Workforce expansion

An effective system depends on a workforce that is well supported and appropriately trained. Previous strategies have been put in place to increase the workforce, but there are indications these have not been met. For example, the Stepping Forward programme aimed to increase the children and young people's mental health workforce in England by 4,500 full-time equivalent staff by 2020-21 but data on the progress made in expanding the workforce under this strategy is limited.

Positively, some progress has also been made in expanding the workforce supporting children and young people's mental health. Data from Health Education England shows that there has been a 39% increase in the mental health workforce supporting children and young people in England since 2018¹⁰⁵. However, workforce expansion and development still continue to be the biggest risk in efforts to expand and transform children and young people's mental health services, and expansion is unable to keep pace with rising demand in need. The Health and Social Care Select Committee highlighted that the ability to meet the ambitions set out in the Green Paper and the NHS Long Term Plan is limited by long-term shortages in the children and young people's Mental Health Workforce¹⁰⁶.

Reform of the Mental Health Act 1983

The Mental Health Act 1983 provides a legal framework to authorise the detention for assessment and compulsory treatment of people who have a mental health disorder and are considered a risk of harm to themselves or others and applies to all children and young people under the age of 18. The Government committed to modernising the act, following the Independent Review of the Mental Health Act in 2018 which found that the Act does not work as well as it should for patients, and needs significant reform.

The Independent Review proposed a range of changes, which were widely accepted by the Government in their Reforming the Mental Health Act White Paper. This included welcome proposals to strengthen the rights of patients to have a greater say in their care and treatment, including children and young people aged under 18. The proposed reforms to the Mental Health

¹⁰⁵ Health Education England (2021) *Children and Young People's Mental Health Services*
<https://www.hee.nhs.uk/our-work/mental-health/children-young-peoples-mental-health-services>

¹⁰⁶ Health and Social Care Select Committee (2021). *Children and Young People's Mental Health*. Available from:
<https://committees.parliament.uk/publications/8153/documents/83622/default/>

Act have the potential to result in improvements in the care and treatment of children and young people experiencing a mental health crisis, however, there have been wide-ranging concerns regarding how the reforms will work in practice for children and young people. The reforms also aim to reduce the disproportionate use of the act against racialised communities and proposes to change the definition of a mental disorder so no one with learning disabilities and autism will be detained solely because they have a learning disability or autism.

Support for children in care

Statutory guidance requires CCGs, local authorities, and NHS England to ensure that NHS CYPMHS and other services provide targeted and dedicated support to looked-after children according to need, including setting up a dedicated team or seconding a NHS CYPMHS professional into a looked-after children multi-agency team. Research conducted by the Education Policy Institute found that specific mental health services for looked-after children exist in over half of areas in the country, yet there are significant inconsistencies in provision¹⁰⁷.

When a young person enters the care of a local authority, an initial assessment should take place of their physical, emotional, and mental health needs as set out in the Care Planning, Placement and Case Review (England) Regulations 2010. To assess emotional wellbeing needs, local authorities are required to use the Strengths and Difficulties Questionnaire (SDQ)¹⁰⁸. However, the effectiveness of such assessments in identifying mental health needs has been questioned. In their 2016 report, the Education Select Committee identified that a significant number of local areas fail to identify mental health issues when children enter care. They found assessments of children's mental health are inconsistent and too often fail to identify those in need of specialist care¹⁰⁹.

The Government committed to trial new mental health assessments for children entering care to better identify needs. A Department for Education funded pilot took place in nine local authority areas over two years (with delivery of assessments running from July 2019 to March 2021). An evaluation of the programme found that the pilots succeeded in helping develop a new child-centred approach to the mental health assessments of children entering (and) in care and applying it to a range of circumstances, yet concluded further evidence is needed to demonstrate effectiveness of the new approach to assessments¹¹⁰.

The recent Independent Review of Children's Social Care also highlighted mental health as one of the top issues brought to the attention of the review and put forward a series of recommendations to increase the support available to children in care and care leavers¹¹¹. The Review identified that alongside greater investment in mental health services, further work is needed to upskill professionals in basic mental techniques in order to aid better identification of need. The Review also emphasises the role of new Integrated Care Boards in developing and publishing plans for improving the physical and mental health of children in care and care

¹⁰⁷ Crenna-Jennings W. Hutchinson J. (2020) Access to child and adolescent mental health services in 2019. Available from; <https://epi.org.uk/wp-content/uploads/2020/01/Access-to-NHS-CYPMHS-in-2019-EPI.pdf>

¹⁰⁸ Department for Education. Department for Health and Social Care (2015) *Promoting the health and wellbeing of looked after children*. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/413368/Promoting_the_health_and_well-being_of_looked-after_children.pdf

¹⁰⁹ Department for Education (2021) *Evaluation of the mental health assessment pilots for looked after children*. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1035621/Evaluation_of_the_Mental_Health_Assessment_Pilots_for_looked_after_children.pdf

¹¹⁰ Ibid

¹¹¹ MacAlister, J. (2022) *The Independent Review of children's social care, final report*. Available from: <https://childrensocialcare.independent-review.uk/wp-content/uploads/2022/05/The-independent-review-of-childrens-social-care-Final-report.pdf>

leavers, with the relevant DCS taking responsibility for signing off the section on care leavers' mental health.

Support in secure settings

NHS England Health and Justice is responsible for commissioning healthcare for children, young people, and adults across secure and detained settings. Over recent years, progress has been made in increasing and improving the support available for children and young people with complex needs in these settings. This follows the Five Year Forward View (2016) which set out a strategy for improving mental health provision across the country. A key outcome of this strategy was the delivery of the Health and Justice Specialised Commissioning Workstream, delivered by NHSE, which looks at the needs of vulnerable children and young people whose needs cannot be met in conventional services as a result of their complex circumstances. This workstream not only seeks to improve support for young people in the secure estate, but also those who are at risk of entering it.

Liaison and Diversion

Liaison and Diversion services are commissioned by NHS England and NHS Improvement and are designed to support people as early as possible who come into contact with the criminal and youth justice system who may have vulnerabilities or complex needs. The purpose of these services is to reduce re-offending rates for children and young people and divert them away from the criminal justice system and associated poor health outcomes¹¹². Following screening and assessment, individuals are given access to appropriate services including mental health care.¹¹³ The roll out of NHS England commissioned Liaison and Diversion services achieved 100% coverage across England in March 2020,¹¹⁴

In data presented to the Justice Select Committee on youth custody, in 2018/19, 12,685 children and young people were seen by Liaison and Diversion services.¹¹⁵ Of this, 5,616 children and young people were identified as having a mental health issue and 951 referrals for mental health support for children and young people were made. This means just under 17% of those identified as having a mental health issue were referred for mental health support due to liaison and diversion schemes,¹¹⁶ It has also been identified that many of those referred services do not meet the threshold for support from community child and adolescent mental health services, despite presenting with multiple needs.

Forensic NHS CYPMHS

Community Forensic Children and Adolescent Mental Health Services provides support for high-risk children and young people with complex needs across England up until the age of 18. In

¹¹² National Institute for Health and Care Research (2021) *Policy research programme - Research specification for Liaison and Diversion services for children and young people*. Available from: <https://www.nihr.ac.uk/documents/policy-research-programme-specification-for-liaison-and-diversion-landd-services-for-children-and-young-people/28139>

¹¹³ NHS England (2014) Liaison and Diversion operating model 2013/14. Available from: <https://www.england.nhs.uk/wp-content/uploads/2014/04/ld-op-mod-1314.pdf>

¹¹⁴ National Institute for Health and Care Research (2021) *Policy research programme - Research specification for Liaison and Diversion services for children and young people*. Available from: <https://www.nihr.ac.uk/documents/policy-research-programme-specification-for-liaison-and-diversion-landd-services-for-children-and-young-people/28139>

¹¹⁵ Department of Health and Social Care (2022) *Mental Health and Wellbeing Plan: discussion paper and call for evidence*. Available from: <https://www.gov.uk/government/consultations/mental-health-and-wellbeing-plan-discussion-paper-and-call-for-evidence>

¹¹⁶ Ibid

2019, NHS England commissioned 13 new regional Community Forensic Child and Adolescent Mental Health Services covering the whole of England¹¹⁷.

Secure Stairs

The Framework for Integrated Care (SECURE STAIRS) is intended to improve the quality of care and outcomes for children and young people being accommodated in England's secure children's homes, secure training centres and young offender institutions (known as the Children and Young People's Secure Estate).

The framework aims to transform the culture and practices in the secure estate to be trauma-informed, developmentally attuned and psychologically based in order to improve the mental health and wellbeing of children and young people considered to be high risk, high harm or highly vulnerable¹¹⁸. It is delivered in partnership with NHSEI, Department for Education, and Her Majesty's Prison and Probation Service (HMPPS) Youth Custody Service and takes a whole system approach to creating change for children and young people. The framework enables a joint approach to assessment, intervention planning and care, including input from mental health staff, as well as from social care professionals, education professionals and the operational staff working at the setting.

Key elements make up the framework include staff with the skill sets appropriate to the interventions that are needed. Emotionally resilient staff who can remain child-centred, understanding across the secure setting child development, attachment, trauma and other relevant key theories. A reflective system where staff can consider the impact of trauma at all levels and taking a whole system approach¹¹⁹. Assessment, agreeing goals, understanding activators for problems, developing interventions, outcome monitoring and sustainability planning are also central to the framework.

An evaluation of the SECURE STAIRS was conducted by the Anna Freud Centre between April 2018 and March 2021. The evaluation found that *SECURE STAIRS* changed culture and practices in the children and young people secure estate but are not yet fully embedded.

The role of local government

In its evidence submission to the Commission, the Local Government Association was keen to stress the important role that local government can have in ensuring better mental health for young people and children: 'Councils are in the unique position of being able to harness all of the services and assets they are responsible for, alongside close working with their partners and communities, to reduce inequalities and effectively target interventions to meet local needs'. The LGA advocates for a whole system approach to tackling mental health, where funding sits across local partners, provides early and family-based support needs, there is increased mental health support teams in schools and school-based counselling and early support hubs out of schools.

Evidence submitted to the Commission by Camden LA told us that the model for Camden's mental health services for children and young people is the THRIVE Framework for system

¹¹⁷ National Institute for Health and Care Research (2021) *Policy research programme - Research specification for Liaison and Diversion services for children and young people*. Available from: <https://www.nihr.ac.uk/documents/policy-research-programme-specification-for-liaison-and-diversion-landd-services-for-children-and-young-people/28139>

¹¹⁸ Anna Freud National Centre for Children and Families (2022) Independent evaluation of the *Framework for Integrated Care (SECURE STAIRS)* Executive summary. Available from: <https://www.annafreud.org/media/15923/secure-stairs-independent-evaluation-exec-summary.pdf>

¹¹⁹ Ibid

change¹²⁰, an integrated, person-centred and needs-led approach to delivering mental health services for children, young people and their families that was developed by a collaboration of authors from the Anna Freud National Centre for Children and Families and the Tavistock and Portman NHS Foundation Trust. It conceptualises need in five categories: Thriving, Getting Advice and Signposting, Getting Help, Getting More Help and Getting Risk Support. Emphasis is placed on prevention and the promotion of mental health across the whole population. Children, young people, and their families are empowered through active involvement in decisions about their care through shared decision making, which is fundamental to the approach.

The role of Police and Crime Commissioners (PCCs)

Mental health has now been identified as a priority by most PCCs, with the Association of Police and Crime Commissioners (APCC) and their mental health lead Dorset PCC Martyn Underhill maintaining a national voice for PCCs on this agenda. The Association of Police and Crime Commissioners (APCC) states in its 2020-22 business plan that PCCs in the development and delivery of their local Police and Crime Plans, PCCs bring together a wide range of partners to keep our communities safe including community safety, criminal justice, health and mental health, local government, schools, community organisations and businesses. Most PCCs chair their multi-agency Local Criminal Justice Boards (LCJBs) and have a wider commissioning role in relation to reducing reoffending, and commission services for some of the most vulnerable in our communities, including people with mental health issues and drug and alcohol problems.

The APCC also states that it will support PCCs to collaborate with partners to address vulnerability and support people with complex needs including those with addiction and mental health concerns, reducing non-crime demands on policing. In a report published by the APCC in mid-2021, they called for sustainable funding and a focus on prevention' as being 'necessary to meet the lasting impact of the pandemic on the nation's mental health'¹²¹. It found that one of the clear recommendations to emerge from the inquiry is the need for greater focus and prioritisation of early intervention and prevention around mental health.

Summary: Is the system meeting the needs of children and young people?

A successful mental health system is one that integrates the use of education-based support, community-based support, and specialist NHS support for those with the greatest needs. Urgent action is still required to ensure there is an effective and functioning system that meets the needs of all young people, and progress made to date needs to be expanded. Both the Green Paper and the NHS Long Term Plan should result in increased access to support across schools and colleges and NHS specialist settings. Positively, the NHS have committed to improving care for young people with complex needs by placing trauma-informed and integrated services at the heart of their plans, yet further detail on what this will look like is needed.

However significant gaps in support remain, there have been long-standing concerns about the scale and speed of the roll-out of Green Paper proposals to all children and young people, which will leave most children without school-based help when the funding runs out next year. All children and young people should have access to a Mental Health Support Team and additional funding for the expansion of this support should be made available.

For too long, NHS CYPMHS has been under-funded and under-prioritised by successive governments, resulting in a service that is struggling to cope with demand and children and young people being left without the support they need. NHS CYPMHS continues to face enduring issues with access, waiting times and workforce, which will be explored in more detail later in the next chapter of the report. Whilst the NHS Long Term Plan seeks to improve access to support,

¹²⁰ Wolpert M. Harris, R. Hodges, S. Fuggle, P. James, R. Wiener, A. McKenna, C/ Law, D. York, A. Jones, M. Fonagy, P. Fleming, I. Munk, S. Thrive Framework for system change. Available from: <https://www.annafreud.org/media/9254/thrive-framework-for-system-change-2019.pdf>

¹²¹ ([Mental health inquiry calls for sustainable funding and a focus on prevention \(apccs.police.uk\)](https://www.apccs.police.uk/))

proposals have been further hindered by the growing pressures placed on NHS services as a result of rising mental health needs following the Covid-19 pandemic. Our ambitions for NHS children and young people's mental health support services must be higher, and government must strive to create an effective system that meets the needs of all young people who need support. What is more, pressures on the mental health system can be easily relieved by enhancing the offer of support that is available within the community, allowing young people to access early support.

Further work is also needed to explore the mental health interventions currently delivered and how these can be enhanced to ensure they meet the needs of children from vulnerable and disadvantaged groups. The current system is not set up to deal with complexity. The early evaluation of MHSTs found that interventions delivered do not support more vulnerable and disadvantaged groups, and it has been identified that those with more complex needs are unable to access support from NHS CYPMHS. Whilst some progress has been made in increasing the availability of support for young people with complex needs in the secure estate, this has not been replicated across the system. It needs to be ensured that these approaches are fully embedded across the system to create a truly trauma-informed, integrated system of care for children and young people with complex needs.

The creation of ICSs presents an opportunity to drive these changes. bringing together key institutions in a local area to work even more closely to support and improve the mental health of the populations they serve. ICBs will be responsible for forward planning, and we welcome the commitment that children and young people will form a specific part of this plan and that a lead for children and young people will be required to sit on the board. As part of this, it must be ensured that the voices of vulnerable groups of children are represented and heard, and that care for these groups is truly integrated. Children and young people's mental health must be prioritised by ICSs.

Barriers to mental health support and care

There are significant increases in demand for mental health support for children and young people across all services – from primary care to NHS specialist mental health services, voluntary sector, independent sector, and digital providers - but also pressures on acute trusts and local authorities. However, despite the policy changes that have been made to date, a considerable proportion of children and young people still fail to access services until they reach crisis point. Data before the pandemic shows that 3 in 4 children with a diagnosable mental health condition did not get access to the support that they needed. What is more, the number of A&E attendances by young people aged 18 or under with a recorded diagnosis of a psychiatric condition have tripled since 2010. Barriers facing young people while looking for mental health support include problems getting help at school, cuts to youth services, difficulties getting an initial referral to NHS CYPMHS, high thresholds for treatment, delays between referral and assessment and delays between assessment and treatment, some of which will be discussed below.

It is also important to note that there are serious funding complications to services completing the roles and jobs they would wish to. This patchwork of funding was best demonstrated to us during an evidence session where one of our expert witnesses, Cassi Harrison, CEO of Youth Access, stated that ‘one member in the Northeast is juggling 17 different bits of short term and small funding pots to patchwork the support together’ and that it is ‘harder to get young adults funded 16 or 18+ and the advice side of things is hard to get funded’. Another expert witness told the Commission that the ‘scatter gun approach to funding needs to stop, it unsettles those that are brought in (like staff) and everyone is waiting to see if the service is going to continue or not’.

Persistent challenges with NHS Children and Young People’s Mental Health Services

Rejected Referrals

The Care Quality Commission (2018) reported that ‘too often’ rejected referrals were due to inappropriately high eligibility thresholds which in turn can prevent children and young people accessing the right support before they reach ‘the point of crisis’. The Education Policy Institute (EPI) estimated that more than 130,000 of those referred to specialist services in 2018-19 were ‘rejected’, among them young people who have self-harmed, suffered eating disorders and experienced abuse¹²².

YoungMinds told us of two particularly harrowing examples of young people who had attempted suicide but had still not been able to access NHS CYPMHS. We heard about one teenage boy who was discharged from hospital after trying to take his own life, but after ten days nobody from mental health services had been in touch. A young woman admitted to A&E by ambulance following a suicide attempt but was discharged 12 hours later. Her family contacted mental health services every day for over a week but did not receive any follow up appointment or phone call. When the family was finally contacted two weeks later, there was no explanation or empathy. As YoungMinds told us that ‘the majority of [suicidal young people] are sent home to families ... the Parenting Mental Health web group is full of stories like this. It is shockingly the norm rather than the exception.’

The most common reason for rejected referrals included the conditions not being suitable for treatment, or because conditions did not meet eligibility criteria¹²³. Helen Marshall, Chief Executive of Brook, told us in our call of evidence that it feels as though there is nowhere to refer young people to get specialist help that they need. She mentioned that some NHS CYPMHS

¹²² Crenna-Jennings W. Hutchinson J. (2020) Access to child and adolescent mental health services in 2019. Available from; <https://epi.org.uk/wp-content/uploads/2020/01/Access-to-NHS-CYPMHS-in-2019-EPI.pdf>

¹²³ Ibid

services they work with only take young people after two suicidal attempts and all the services are at full capacity. The access to mental health services remains a 'postcode lottery', showing significant levels of variation between different local areas. Data in 2019/20 showed that 70 local areas in England were closing 30% or more of their cases before children access support (either a rejected referral or an initial session which does not go on to full treatment) while the number was below 10% for nine other areas.

Not only is there a postcode lottery but rejected referrals rates also vary across different age groups. The report by the Health and Social Care Committee highlighted that the frequency of rejected referrals for children below the age of three. For example, the Parent-Infant Foundation submission reported that in 2019, children and young people's mental health services in 42% of areas in England did not accept referrals for children in this age group. Given the importance of this developmental period for a child's emotional wellbeing and development and that the services supposedly cover the age range between 0-to-18-year-olds, this high proportion of children being 'turned away' is concerning.

Waiting time

For the children and young people who get accepted into NHS children and young people's mental health services, long waiting lists remain common. Latest statistics on waiting times obtained by the Children's Commissioner's Office¹²⁴ at the end of March 2021 showed that the average waiting time for those accepted into CYPMHS was 32 days, down from 43 days the year before. However, this average mask significant regional variation in waiting times, ranging between 6 and 81 days. Of the 497,502 children referred to CYPMHS in 2020/21, only two-fifths received two contacts (NHS England's proxy for entering treatment) within the year. Over a third of children accepted onto waiting lists are still waiting for the treatment to begin (waiting for their second contact) and almost a quarter had their referrals closed. For specialised services, such as support for those younger than 18 with eating disorders, newer NHS Digital waiting times data covering the pandemic period showed that fewer than 50% were being seen within target times (1 week for urgent and 4 weeks for non-urgent cases) in September 2021. Data suggests that the number of urgent cases still waiting for eating disorders support has more than doubled over the last year¹²⁵.

These delays in accessing support often mean that problems escalate. In a survey conducted by YoungMinds on more than 2,000 parents of children who have looked for mental health support, the majority of parents (76%) said that their children's mental health had deteriorated while waiting for support from Child and Adolescent Mental Health Services (NHS CYPMHS). Eighty-five per cent of parents whose children had waited more than six months said that their children's mental health had deteriorated, including 64% who said that their children's mental health had deteriorated a lot. Two-thirds (69%) of parents said that neither they nor their children had been signposted to any other form of support during the time they were waiting for support from NHS CYPMHS¹²⁶.

Transition between child and adult mental health services

Another long-standing barrier for accessing mental health services among young people is the availability of support during the period of transition from child to adult mental health services for those between 18 and 25. A great deal of individuals, groups and organisations working or living in this area have told the Commission that once a young person reaches the age of 18, they are often cut off from any help or support and expected to 'fend for themselves'. It has been documented that this transition rarely goes smoothly, with both young people experiencing

¹²⁴ <https://childrenscommissioner.github.io/mhbriefing2021/waiting-times/pages/waiting-times.html>

¹²⁵ NHS England (2021) NHS fast tracks mental health support for millions of pupils. Available from: <https://www.england.nhs.uk/2022/05/nhs-fast-tracks-mental-health-support-for-millions-of-pupils/>

¹²⁶ Young Minds (2020) *A new era for young people's mental health*. Available at: [NHS CYPMHS Report.indd \(youngminds.org.uk\)](#)

distress, uncertainty, and struggling to manage without continued care and caregivers needing to take a more active role in the young person's care¹²⁷¹²⁸¹²⁹. In the submission to the Health and Social Care Committee's call for evidence, YoungMinds reported that a third of young people are "lost from care" during this period, with an additional third experiencing an interruption in their existing care¹³⁰.

In 2018, it is estimated that more than 25,000 young people transition from NHS CYPMHS each year, however, only 4% of them received an "ideal" transition¹³¹. Despite having an ongoing clinical need, many young people are not referred or accepted by an appropriate service after reaching the service transition boundary, leaving them "fallen through the gap" between services¹³². Between a third and three quarters of individuals are estimated to disengage from adult services on transition from NHS CYPMHS, despite ongoing clinical needs¹³³. Barriers contributing to the discontinuity of mental health services during this period include young people not being "ill enough" for adult mental health services, the inadequate service provision after NHS CYPMHS, and the lack of joined-up care between services leading some young people being discharged back to their GP before they can be referred to adult services¹³⁴.

In response to the issue of tricky transitions between NHS CYPMHS and AMHS, the NHS Long Term Plan committed to the creation of "a comprehensive offer for 0–25-year-olds that reaches across mental health services for children, young people, and adults." Moreover, the NHS Mental Health Implementation Plan states that there will be a comprehensive offer for 0- to 25-year-olds by 2023-24¹³⁵. However, the progress on this has been slow, with large variation between areas on what age services are commissioned to.¹³⁶

Shortage of workforce

A shortage of staffing to meet demand has been identified as one of the most common reasons for delayed access to children and young people's mental health services¹³⁷. This was an issue before the pandemic and has only been exacerbated since then. For example, the 2019 workforce census conducted by the Royal College of Psychiatrists (RCPsych) found that the rate of unfilled NHS consultant psychiatrist posts in England has doubled in the last six years. Around one in eight (12%) of child and adolescent psychiatrist vacancies in England are unfilled¹³⁸.

¹²⁷ Hovish, K., Weaver, T., Islam, Z., Paul, M. and Singh, S.P., 2012. Transition experiences of mental health service users, parents, and professionals in the United Kingdom: a qualitative study. *Psychiatric rehabilitation journal*, 35(3), p.251.

¹²⁸ Butterworth, S., Singh, S.P., Birchwood, M., Islam, Z., Munro, E.R., Vostanis, P., Paul, M., Khan, A. and Simkiss, D., 2017. Transitioning care-leavers with mental health needs: 'they set you up to fail!'. *Child and Adolescent Mental Health*, 22(3), pp.138-147.

¹²⁹ Appleton, R., Elahi, F., Tuomainen, H., Canaway, A. and Singh, S.P., 2021. "I'm just a long history of people rejecting referrals" experiences of young people who fell through the gap between child and adult mental health services. *European Child & Adolescent Psychiatry*, 30(3), pp.401-413.

¹³⁰ Young Minds *Written Evidence*. Available at: <https://committees.parliament.uk/writtenevidence/23247/html/>

¹³¹ [Healthcare Safety Investigation Branch \(2018\) Investigation into the transition from child and adolescent mental health services to adult mental health services](#). Available at: [hsib summary report transition from NHS CYPMHS to amhs.pdf \(hsib-kqcco125-media.s3.amazonaws.com\)](https://www.hsib.nhs.gov.uk/summary-report-transition-from-nhs-cypmhs-to-amhs.pdf)

¹³² Wilson, A., Tuffrey, A., McKenzie, C. and Street, C., 2015. After the flood: young people's perspectives on transition. *The Lancet Psychiatry*, 2(5), pp.376-378.

¹³³ Appleton, R., Elahi, F., Tuomainen, H., Canaway, A. and Singh, S.P., 2021. "I'm just a long history of people rejecting referrals" experiences of young people who fell through the gap between child and adult mental health services. *European Child & Adolescent Psychiatry*, 30(3), pp.401-413.

¹³⁴ Ibid

¹³⁵ NHS (2019) *Mental Health Implementation Plan* Available at: [NHS Mental Health Implementation Plan 2019/20 – 2023/24 \(longtermplan.nhs.uk\)](https://www.nhs.uk/longtermplan/)

¹³⁶ Crenna-Jennings W. Hutchinson J. (2020) Access to child and adolescent mental health services in 2019. Available from; [https://epi.org.uk/wp-content/uploads/2020/01/Access-to-NHS CYPMHS-in-2019 EPI.pdf](https://epi.org.uk/wp-content/uploads/2020/01/Access-to-NHS-CYPMHS-in-2019-EPI.pdf)

¹³⁷ Care Quality Commission (2018) *Care quality commission annual report*. Available at: [Care Quality Commission annual report and accounts: 2017 to 2018 - GOV.UK \(www.gov.uk\)](https://www.cqc.org.uk/publications-reports/annual-reports)

¹³⁸ Royal College of Psychiatrists (2019) *Our workforce census*. Available at: [Our workforce census \(rcpsych.ac.uk\)](https://www.rcpsych.ac.uk/our-workforce-census)

Similarly, only 257 mental health nurses will be added to the NHS workforce by 2023/24 against a requirement of 7,000 needed to deliver the NHS Long Term Plan. The 2019/20 data from the RCPsych, who run the Quality network for inpatient NHS CYPMHS (QNIC) on over 95% of all NHS CYPMHS inpatient wards, revealed that 56% of wards reported that they lacked staff in at least of the professional groups needed, with the biggest shortage in social workers (one in three) and clinical psychologists (two in ten)¹³⁹. While the Health Education England mental health workforce strategy committed to 100 extra consultant child and adolescent psychiatrists by 2020/21, they are not on track to hit their target. In line with this, the Children and Young People's Mental Health Coalition has pointed out that there are fewer than 40 of the parent-infant specialised teams in the UK despite their high demand and importance¹⁴⁰.

Taken together, even current data show increasing vacancy rates across different children and young people's mental health services. These positions remain largely unfilled and there are also concerns about the number of senior staff available to provide supervision for these new roles¹⁴¹. Staff shortages are related to further challenges, including staff having less training time to improve their skills and knowledge, increased workloads and related-stress, poorer mental health, and people leaving the mental health profession.

Lack of early prevention and intervention programmes

There is an overwhelming amount of evidence showing the effectiveness of early prevention and intervention programmes in improving mental health among children and young people¹⁴². Still today, too many children and young people are reaching the point of crisis before they can access any mental health support. Upstream interventions are shown to be more cost-effective and reduce unnecessary pressure across the entire healthcare system, from GP appointments to A&E presentations and NHS inpatient services¹⁴³, and should be the priority of research, funding, and implementations. Yet, the need for early intervention and prevention in children and young people's mental health has been consistently overlooked by successive governments and despite the significant expansion of services the pace of change has not been keeping up with increased demand¹⁴⁴.

An important component of early support is the role of community services. A 2019 report published by the Children's Commissioner for England revealed that too many children and young people are admitted to secure hospitals unnecessarily when they should be helped in their community. Some of these young people were held in secure settings for several months and even years (Children's Commissioner for England, 2019).¹⁴⁵ In 2020/21, around 40% of children and young people with a diagnosable mental health condition were treated through NHS-commissioned community services.¹⁴⁶ Community services can take various forms, ranging from support in schools, through services such as school-based counselling, support provided by the

¹³⁹ RCPsych (2020) *Quality network for inpatient NHS CYPMHS*. Available at: [Microsoft Word - QNIC Cycle 18 Annual Report V06 \(rcpsych.ac.uk\)](#)

¹⁴⁰ Committees Parliament (2021) *Written evidence submitted by the Children and Young People's Mental Health Coalition*. Available at: https://committees.parliament.uk/writtenevidence/23194/html/#_edn19

¹⁴² Early Intervention Foundation (2021) *Adolescent mental health: A systematic review on the effectiveness of school-based interventions*. Available at: [Adolescent mental health: A systematic review on the effectiveness of school-based interventions | Early Intervention Foundation \(eif.org.uk\)](#)

¹⁴³ Health and Social Care Committee (2021) *Reports, Special reports and government responses*. Available at: [Health and Social Care Committee - Reports, special reports and government responses - Committees - UK Parliament](#)

¹⁴⁴ CYPMHC (2020) *CYPMHC Annual Report*. Available at: [CYPMHC Annual Report 2020 | CYPMHC](#)

¹⁴⁵ Children's Commissioner (2019) *Far less than they deserve*. Available at: [CCO-far-less-than-they-deserve-2019.pdf \(childrenscommissioner.gov.uk\)](#)

¹⁴⁶ NHS Confederation (2022) *Hidden waits: the lasting impact of the pandemic on children's services in the community*. Available at: [Hidden waits: the lasting impact of the pandemic on children's services in the community | NHS Confederation](#)

voluntary and community sector and digital support. However, responsibility for the provision of these services is often shared between the NHS, schools, local authorities and the voluntary sector. This causes the lack of accountability and transparency across CCG's, local authorities and Public Health as to who is responsible for ensuring provision is available for all young people with emotional health and well-being needs.¹⁴⁷ As a result, the provision of community mental health services is patchy and no standard model of the type of support that should be in place currently exists.¹⁴⁸

Community services are also subject to long waiting lists, which have been further exacerbated by the pandemic. NHS England and NHS Improvement data from January 2022 estimates that over 900,000 children and adults are waiting for services as part of a community services care backlog. Lengthy waiting time to access support for children and young people in the community can have a domino effect on the mental health and wellbeing of the parents and caregivers, potentially putting pressure on other adult services¹⁴⁹. Findings from a recent review of the system by the National Audit Office demonstrates the need to re-balance current and future investment from late intervention, crisis, and urgent care to early intervention provision in local communities.¹⁵⁰

Another challenge facing community support services is the clear cut in funding over recent years alongside a lack of a dedicated funding stream for local areas to provide services of this kind. In their 2019 report on early access to mental health support, the Children's Commissioner estimated that around £226 million was spent on 'low level' mental health services in England in the year 2018/19.¹⁵¹ This equates to £14 per child. This is part of a wider systematic trend where we are seeing reduction on spending across children's services. Figures from Pro Bono Economics shows there was a £325 million drop in annual spending on children's services between 2010-11 and 2019-20 and a 48% decrease in local authority spending on early intervention services in the same time period.¹⁵² Data in 2019 saw a reduction of £959 million spending, an equivalent to a 71% cut, on youth services in England, especially in the West Midlands and the North East.¹⁵³ The 2020 Children's Commissioner report showed that half of local areas spend £8 or less per child, and a quarter of areas are spending less than £4 per child. This is £4 per child across the council, the NHS, and public Health.¹⁵⁴

Schools and colleges also play a crucial role in delivering preventative and early intervention support to children and young people. A whole education approach to mental health and wellbeing is becoming increasingly recognised as an important preventative and early intervention tool within schools. A whole education approach refers to a universal, institution wide and multi-component approach to the promotion of children and young people's mental health and wellbeing.¹⁵⁵ Such approaches seek to place mental health as a foundational to all aspects

¹⁴⁷ Children's Commissioner (2020) *The state of children's mental health services*. Available at: [cco-the-state-of-childrens-mental-health-services.pdf](https://www.childrenscommissioner.gov.uk/wp-content/uploads/2020/01/cco-the-state-of-childrens-mental-health-services.pdf) ([childrenscommissioner.gov.uk](https://www.childrenscommissioner.gov.uk))

¹⁴⁸ The Children's Society (2020) *Life on hold*. Available at: [life-on-hold-childrens-well-being-and-covid-19.pdf](https://www.childrenssociety.org.uk/life-on-hold-childrens-well-being-and-covid-19.pdf) ([childrenssociety.org.uk](https://www.childrenssociety.org.uk))

¹⁴⁹ NHS Confederation (2022) *Hidden waits: the lasting impact of the pandemic on children's services in the community*. Available at: [Hidden waits: the lasting impact of the pandemic on children's services in the community | NHS Confederation](https://www.nhs.uk/hidden-waits-the-lasting-impact-of-the-pandemic-on-childrens-services-in-the-community/)

¹⁵⁰ National Audit Office (2018) *Financial sustainability of local authorities 2018*. Available at: [Financial sustainability of local authorities 2018 - National Audit Office \(NAO\) Report](https://www.nao.org.uk/wp-content/uploads/2018/06/Financial-sustainability-of-local-authorities-2018-National-Audit-Office-NAO-Report.pdf)

¹⁵¹ Children's Commissioner (2019) *Over a third of local areas in England reduce real terms spending on low level children's mental health services*. Available at: [Over a third of local areas in England reduce real terms spending on low level children's mental health services | Children's Commissioner for England](https://www.childrenscommissioner.gov.uk/wp-content/uploads/2019/07/Over-a-third-of-local-areas-in-England-reduce-real-terms-spending-on-low-level-childrens-mental-health-services-Childrens-Commissioner-for-England.pdf) ([childrenscommissioner.gov.uk](https://www.childrenscommissioner.gov.uk))

¹⁵² Financial Times (2020) *Mental health and the pandemic: the growing crisis facing children*. Available at: [Subscribe to read | Financial Times \(ft.com\)](https://www.ft.com/content/mental-health-and-the-pandemic-the-growing-crisis-facing-children)

¹⁵³ YMCA (2020) *Out of Service*. Available at: [Out of Service \(ymca.org.uk\)](https://www.ymca.org.uk/out-of-service/)

¹⁵⁴ Children's Commissioner for England (2020) *The State of Children's Mental Health Services 2020*. London: Children's Commissioner for England. Available from: <https://www.childrenscommissioner.gov.uk/wp-content/uploads/2020/01/cco-the-state-of-childrens-mental-health-services.pdf>

¹⁵⁵ Centre for Mental Health (2019) *Making the Grade*. Available at: [CentreforMH CYPMHC MakingTheGrade PDF 1.pdf \(centreformentalhealth.org.uk\)](https://www.centreformentalhealth.org.uk/making-the-grade/)

of education life, for all students and staff. This approach is widely used in primary and secondary schools, and further and higher education settings have also taken significant steps to implement whole education approaches.

Whilst the government set out their vision for whole education approaches in their *Transforming Mental Health Provision for Children and Young People* Green Paper, significant gaps still remain. Centre for Mental Health identified that there are significant components of whole education approaches where funding and policy is not forthcoming, such as support for families and investing in the school environment. As a result of school closures, access to mental health and wellbeing services in schools has also reduced for young people, reducing the chance of early intervention and the needs for mental health services.¹⁵⁶ It was also reported that the redeployment of community staff to support COVID-19 vaccination efforts has significantly impacted service delivery and continuity of care. For example, the work being conducted to set up mental health support teams in schools and colleges to improve children and young people's early access to mental health support was disrupted.¹⁵⁷

Through the Commission's conversations with organisations, practitioners, and experts in mental health provision, it has become very clear that there is a need to prioritise early intervention and incorporate wrap-around support for young people at risk of poor and worsening mental health. These early interventions, which are so often missing, also need to take whole system approaches, embedding practices within the education, care, and criminal justice system amongst others.

Mental health stigma

A recent UCL review showed that stigma remains the number one barrier for young people aged between 10 and 19 in getting professional help for their mental health despite the increasing public mental health awareness and knowledge.¹⁵⁸ Similar results have previously been observed in young adults between the age of 18 and 25¹⁵⁹, reinforcing mental health stigma as a significant obstacle to help-seeking for both children and young people. In a survey on 2072 young people aged 11 to 24 across England and Wales, the YMCA found that 75% of young people believe that people experiencing difficulties with their mental health are treated negatively as a result of stigma and 38% had felt the negative impact of stigma.¹⁶⁰ Some identified forms of stigma include prejudice, young people being left out of activities and verbal abuse and more than half of young people in the same research said that this stigmatising experience is experienced in schools and came from their own friends. Stigma has also been inter-linked to the lack of mental health knowledge observed among children and young people. Specifically, the fear of stigmatisation can prevent young people finding out more about mental health and the support services available and the lack of understanding about mental health can contribute to stigma.

The UCL review also revealed that most interventions for help-seeking were based in an educational setting. While this is important and beneficial, it leaves young people outside of schools not being catered for.¹⁶¹ This finding again shines lights on certain inequalities within the current mental health provision. For example, young people who are more likely to be excluded

¹⁵⁶ NHS Confederation (2022) Children and young people's social prescribing service: Stort Valley and Villages PCN. Available from: <https://www.nhsconfed.org/case-studies/children-and-young-peoples-social-prescribing-service>

¹⁵⁷ Ibid

¹⁵⁸ Aguirre Velasco, A., Cruz, I.S.S., Billings, J., Jimenez, M. and Rowe, S., 2020. What are the barriers, facilitators and interventions targeting help-seeking behaviours for common mental health problems in adolescents? A systematic review. *BMC psychiatry*, 20(1), pp.1-22.

¹⁵⁹ Salaheddin, K. and Mason, B., 2016. Identifying barriers to mental health help-seeking among young adults in the UK: a cross-sectional survey. *British Journal of General Practice*, 66(651), pp.e686-e692.

¹⁶⁰ YCMA (2016) *I am Whole*. Available at: <IAMWHOLE-v1.1.pdf> (ymca.org.uk)

¹⁶¹ Aguirre Velasco, A., Cruz, I.S.S., Billings, J., Jimenez, M. and Rowe, S., 2020. What are the barriers, facilitators and interventions targeting help-seeking behaviours for common mental health problems in adolescents? A systematic review. *BMC psychiatry*, 20(1), pp.1-22.

from schools, for example, those from racialised communities or those with SENDs, will be less likely to access the support when needed. It is therefore crucial that mental health support should be provided 'where the young people are at'. One way this could be achieved is through providing support in local community settings, for example, the provision of open access mental health services. Not only does this makes it easier for young people to see where the support is, but it also encourages the normalisation of mental health for young people and fosters help-seeking behaviours. Some specific examples of such services will be discussed later in this report.

Additional barriers for “already at risk” groups

In addition, certain groups of young people, and a high proportion of those from Black, Brown and minority ethnic backgrounds, who we have been discussing throughout this report, also face additional barriers preventing them from accessing mental health services and receiving timely treatment.

An unresponsive and siloed system

Through-out our evidence gathering, we heard concerns about how the current mental health system is not set up to support children and young people with complex needs. Peter Fonagy of the Anna Freud Centre told the Commission the way in which the model for mental wellbeing is currently set up, i.e. through a clinical lens is exacerbated by the fact that this group of young people have multiple needs and 'when issues are across a broad range of areas but are not serious enough in any one area, they don't meet a clinical need threshold which means they don't get treated for their general vulnerability'. These children then 'ricochet around services and do not get a good service as they are too complex'. Previous research conducted by the Education Policy Institute has also highlighted how children with complex, less well-understood difficulties that do not fit clearly into diagnostic boxes are at risk of not being able to access NHS specialist support through NHS CYPMHS¹⁶².

This was reflected in our Commission on Young Lives roundtable with the NHS Confederation, attended and participated by a wide array of practitioners, clinicians, consultants, and doctors. We were told that the complexity of this group of children, and the way in which they present with so many problems, is fragmented as a result of their many ACEs. Caroline Twitchett, the Children's Quality Lead for NHS England, said these children do 'present themselves differently because they have already been through a system that has failed them'. She said there is also a tendency that when a service fails a child 'we put the problem on the child from the secure estate down to all services, and when the child can't manage it is the child's fault and not the services'.

The regular practitioners Working Group, and is comprised of teachers and others, told us that the mental health needs of young people are often 'judged off a piece of paper' and described the way in which clinical settings are 'set up alienate these young people'. Often, the 'most vulnerable don't turn up to appointments and are discharged without any discussion with professionals or parents. And when a young person does need professional or clinical help, we are told that often the biggest issue is getting a child in front of a professional, the premises are often alien to children and in a time when they are supposed to be in school'.

We were also told how the commissioning landscape for mental health is fragmented. Professor Mina Fazel highlighted what other evidence givers and practitioners have told us about the lack of integration across the system, telling us, 'The fact that health, social care, and education are siloed is wrong ... in a child's mind these things are not siloed.' The most vulnerable young people are 'intersected across social care, health and education' and actually need cross-cutting and linked up help.

¹⁶² Crenna-Jennings W. Hutchinson J. (2020) Access to child and adolescent mental health services in 2019. Available from; <https://epi.org.uk/wp-content/uploads/2020/01/Access-to-NHS-CYPMHS-in-2019-EPI.pdf>

Negative perception of mental health support and bad experiences with health services

It is clear from research and submissions to our call for evidence, that young people from marginalised groups often hold negative perception of mental health services, and at times have bad experience themselves, which make them less likely to engage with those services. Research has shown that young people from racialised communities, especially young Black men, are less likely to seek formal mental health support through doctors, counsellors, or psychologists. In line with this, racialised communities tend to report more dissatisfaction with mainstream mental health care, including secure mental health services compared to community mental health services and voluntary organisations¹⁶³. In his submission to our call for evidence, Jay Perkins told us: 'For good reason our Black and Brown communities often have difficult relationships with help and negative experiences with our current systems (which can be trauma-inducing rather than trauma-informed) leaving them feeling judged, uncomfortable, and unsure who they can trust. As a result, they often don't engage, they are labelled as hard to reach, rather than the services, and services lose resources. These communities have long felt the effects of these discriminations.'

This distrust of mental health services stems from having been failed by mental health services over a long period of time. Sir Norman Lamb told the commission that 'trust is damaged and mental health services are viewed in the same light as the police – the fear is that you will be detained and taken away, so you don't engage'. This disproportionate failure of the system to support young Black teenagers is a critical issue. However, it is not necessarily a quick fix. Not only do these groups often expect bad mental health services, but many people from these 'high-risk' communities also experience them. For example, in the 2018 Stonewall report on LGBT people in the UK found that one in eight LGBT people (13%) have experienced some form of unequal treatment from healthcare staff because they're LGBT. Similarly, a high proportion of trans (32%), non-binary (20%), LGBT disabled (20%) and Black, Asian and minority ethnic LGBT people (19%) also experienced this (Stonewall, 2018). Although this report did not particularly focus on young people, these statistics no doubt also reflect their experience.

Limited access and involuntary pathways to mental health services

Jabeer Butt, CEO of the Race Equality Foundation, told us that 'the rising of diagnosis in children and young people from racialised groups has not been assisted with the system to support them'. As Sir Norman Lamb told the Commission during his evidence session, 'The way the system operates is that it delivers the latest possible intervention, only in moments of crisis. If you are young and Black you are less likely to access services early, so are more likely to experience the crisis end of the spectrum and detention under the Mental Health Act'.

This question of detention rather than prevention is also one which more severely discriminates against Black, Brown, and minority ethnic groups in mental health. As Sir Norman went on to describe, there are 'serious questions around human rights questions about the number of people we detain under the Mental Health Act and once you are detained more restrictive practices are applied including restraint. We must reduce the use of restraint and use of force by the state against people who are ill. It is troubling particularly when it is used so disproportionately against young Black people'.

In line with this, data shows that despite children from racialised groups being less likely than their White peers to access mental health services, they are more likely to access NHS CYPMHS through compulsory rather than voluntary care pathways.¹⁶⁴. National studies have revealed that

¹⁶³ Raghavan, R., and Nielsen, J. 2020. Mental Health Briefing Paper. Available from: <https://raceequalityfoundation.org.uk/wp-content/uploads/2020/06/collaborative-briefing-mental-health-briefing-digital-FINAL.pdf>

¹⁶⁴ Edbrooke-Childs, J. and Patalay, P., 2019. Ethnic differences in referral routes to youth mental health services. *Journal of the American Academy of Child & Adolescent Psychiatry*, 58(3), pp.368-375.

Black children were ten times more likely to be referred to NHS CYPMHS via social services (rather than through the GP) compared to White British children.¹⁶⁵

Similarly, previous data has indicated that just over a quarter (28%) of children and young people with a learning disability and a mental health problem have had any contact with mental health services in the preceding year. The key factor contributing to the low proportion of young people with SEND receiving help when needed are problems accessing support, including lengthy waiting times, young people being 'ping-ponged' from service to service with no clear pathway, and inconsistent use of terminology among professionals causing further delays.

In our young lives panel session, the young people taking part told us that there was a sense that young people 'did not know where to go for support' and didn't 'feel comfortable going to place like my GP'. Their experiences offered us insight into how theoretical analysis acts in reality. They spoke of their dislike for the 'medical' and 'clinical' approach and want a more 'relaxed and non-medical approach to mental health'. Young people – and the most vulnerable in particular – as research has told us, often don't access mental health services even when they are available to them because they don't feel those services are accessible, they make them feel uncomfortable or they feel they don't meet any of the 'thresholds' for help.

Often, what these young people experienced at most, in terms of mental health support, was a school assembly 'here and there' and occasionally a 'wellbeing class'. These young people spoke to us about the necessity of making mental health help available 'frequently' as this would help 'break down the stigma attached to mental health especially for young people'. Whilst a number of young people need specialised, targeted and intense interventions, a large number would like earlier intervention such as regular contact with a trusted adult, taking part in activities, and regular conversations around mental health to 'stop us from slumping into a deep depression'. In the words of one young person, 'rather than saying you need to go and see your GP, you should encourage people and speak about mental health by having regular engagement'.

Lack of services responsive to specific and cultural needs and the role of racism

One of the biggest barriers to mental health support for these 'high-risk' populations is the lack of services that are tailored and responsive to their specific and cultural needs and are actively dealing with the role of racism in accessing support. For instance, we know that providing youth mental health services at easily accessible locations (such as schools, local primary care clinics or community walk-in clinics) or via self-referral has shown an increased uptake of services for children and families from racialised communities¹⁶⁶. In addition, mental health programmes that are tailored to specific racialised groups have also yielded more positive outcomes¹⁶⁷. However, such services have not been widely implemented across the UK. The lack of culturally appropriate support for young people from racialised communities is further reflected in the overall lack of cultural competence training for mental health staff, underrepresentation of mental health professionals from racialised backgrounds or the lack of culturally sensitive assessment and diagnostic tools¹⁶⁸.

¹⁶⁵ Kapadia, D., Zhang, J., Salway, S., Nazroo, J., Booth, A., Villarroel-Williams, N., Becares, L. and Esmail, A. (2022) Ethnic Inequalities in healthcare: A Rapid Evidence Review. NHS Race & Health Observatory. Available from: https://www.nhsrho.org/wp-content/uploads/2022/02/RHO-Rapid-Review-Final-Report_v.7.pdf

¹⁶⁶ Anderson, J.K., Howarth, E., Vainre, M., Jones, P. and Humphrey, A., 2017. A scoping literature review of service-level barriers for access and engagement with mental health services for children and young people.

¹⁶⁷ Centre for Mental Health (2022) *Shifting the dial*. Available at: [Shifting the Dial | Centre for Mental Health](https://www.centreformentalhealth.org.uk/sites/default/files/publication/download/CentreforMentalHealth_ShiftingtheDial.pdf)

¹⁶⁸ Le, H., Onabajo, A., Adesiyun, P., Jones, T., & Busari, E. (2022) A Voice for Change: Young Changemakers tackling mental health inequalities in racialised communities. Available from: https://www.centreformentalhealth.org.uk/sites/default/files/publication/download/CentreforMentalHealth_AVoiceforChange_YoungChangemakers.pdf

As we have seen, part of the issue is that many Black, Brown and minority ethnic people and communities do not trust traditional institutions, including mental health institutions – as a result of past experiences with services - and are less likely to approach them or to be treated equally. Just as the teaching workforce is overwhelmingly White, so is the clinical psychology (CP) workforce. 88% of UK Clinical Psychologists are White¹⁶⁹. A study from 2017 found that White British applicants have a 1 in 5 chance of being shortlisted for interview for CP, compared to 1 in 13 for People of the Global Majority applicants. Indeed, current models often obscure or ignore systemic, racial and political trauma as explanations of distress and factors in poor mental health (Ibid). Furthermore, the British Psychological Society ‘has acknowledged the underlying socially conditioned prejudices within the discipline of psychology and the inherent bias of models of mental health that reflect Western therapeutic practice’. Despite this, disproportionate rates of access and engagement with therapeutic services in the UK remain significant¹⁷⁰. In practice, this means that in terms of treatment inequalities, those least likely to receive treatment are found to be aged between 16-24, male, and from racialised groups. Further to this, Sir Norman Lamb told the Commission that ‘there are also issues in clinical psychology being overwhelmingly White’.

Support services are also too regularly identified as lacking cultural sensitivity and not being representative of the communities they work within. Practitioners do not always understand the people they are working with. Participants in research projects have regularly reported experiences of racism and discrimination when accessing services¹⁷¹. Further to this, Black people are 40% more likely to access treatment through a police or criminal justice route, less likely to receive psychological therapies, more likely to be compulsorily admitted for treatment, more likely to be on a medium or high secure ward and be more likely to be subject to seclusion or restraint (56 per 100,000 population for Black Caribbean as against 16.2 per 100,000 population for White)¹⁷².

Similarly, there is a clear lack of services specific to the needs of LGBTQI+ young people. In the Youth Chances report about the experiences of LGBTQI+ young people in England, only a minority of areas of England appear to have services that are sensitive to the specific needs of LGBTQI+ young people. There is also little evidence of local service commissioning for the specific needs of LGBTQ+ young people, both through LGBTQ+ services and within mainstream service. The Stonewall report revealed that 25% of LGBTQ+ young people said they have experienced a lack of understanding of specific lesbian, gay and bi health needs by healthcare staff. Similarly, a third of Black, Asian and minority ethnic LGBTQ+ people and LGBTQ+ disabled people said they experienced a lack of understanding of lesbian, gay and bi specific health needs. Previous studies have also noted that service providers can also be dismissive of these young people, particularly those who identify as transgender, believing them to be too young to know their identify.

The lack of treatments tailored to young people with SENDs has also been highlighted in a 2017 Children and Young People Mental Health Coalition report. It was suggested that the mental health of young people with SEND is often overlooked due to misattribution to their learning disabilities. The report showed that there is currently little to no evidence for psychological treatments delivered directly to children with learning disabilities, underlying an inequality in availability of treatment. Moreover, the same report also pointed out that there are no valid and reliable assessment or measurement tools for mental health problems in children and young people with SEND making it one of the priorities for the immediate future, in order to address the mental health of young people in this group. Another area where young people with SEND might

169 Ahsan, S. (2020). 'Holding Up the Mirror: Deconstructing Whiteness in Clinical Psychology', *The Journal of Critical Psychology, Counselling and Psychotherapy*, 20 (3), pp. 45-55.

¹⁷⁰ Power the fight (2020) *Therapeutic Intervention for Peace report*. Available at: tip-report.pdf (powerthefight.org.uk)

¹⁷¹ EIF (2022) *Improving the way family support services work for minority ethnic families | Early Intervention Foundation*. Available at: [improving the way family support services work for minority ethnic families | Early Intervention Foundation \(eif.org.uk\)](http://improving-the-way-family-support-services-work-for-minority-ethnic-families-early-intervention-foundation.org.uk)

¹⁷² Mind (2021) *Discrimination in mental health services*. Available at: [Discrimination in mental health services - Mind](http://discrimination-in-mental-health-services-mind.org.uk)

struggle due to the lack of responsive services is during the transition from child to adult services, which is already known to be a significant barrier to young people receiving support in general. Given that young people with SEND who have mental health problems are often involved with multiple services, including mental health, social care, education and learning disability services, it is likely that young people with mental health and learning disabilities find it even more difficult to make a good transition.

Finally, the lack of appropriate provision for children with mental health needs who are in contact with the youth justice and subsequently adult estate is highly concerning. 1 in 3 young people in prison have an identified mental health need, yet studies have found that frequently their needs are simply not being met¹⁷³.

¹⁷³ Chitsabesan, P., Kroll, L., Bailey, S., Kenning, C., Sneider, S., MacDonald, W., & Theodosiou, L. (2006). Mental health needs of young offenders in custody and in the community. *British Journal of Psychiatry*, 188(6), 534-540. doi:10.1192/bjp.bp.105.010116

What needs to change and how can we do it?

In our evidence sessions, we explored what needs to change in order to better support the mental health needs of children and young people. As part of this, we spoke to young people on our Young Lives Panel and to mental health professionals as part of a joint roundtable with NHS Confederation. From these conversations, there was an overwhelming sense that the current mental health system is not working for children and young people, particularly those with complex needs. Both young people and mental health professionals highlighted to us the importance of early intervention support and placed high value on the support provided outside of clinical settings in the community.

What have young people told us?

An open, non-judgemental, and safe place to discuss mental health

Young people told us they want to have open and non-judgemental conversations about mental health, and for that to be incorporated in everyday activities. For example, they want 'wellbeing advice' to be a 'part of work within youth clubs.' They told us that they 'wouldn't stop and talk to our mates about this stuff because of the stigma attached to it but if you saw a leaflet somewhere at a youth centre you would be more likely to stop and do that.' When asked about counselling, they said that their immediate thought was 'fear of people finding out that people know I need more support. It is scary and serious when people say that you need counselling and to see the doctor. But if it is just clubs and stuff, people go to clubs every day, so it is less scary.' If you go somewhere, you know and trust, and it is with someone you know, it is 'more relaxed.' Whilst 'going somewhere for the day with friends and people from the youth club, changing the scenery of the mind can really help.'

It was unsurprising that these young people almost perfectly echoed what expert witnesses, schools, organisations, and practitioners have been telling us during the production of this report: that solutions should not simply be clinical, they should be wide and holistic. The young people told us that 'youth club groups and young club settings help: building relationships with people you know, having drop-in mental health sessions in school, not with a random stranger' and that doing emotional wellbeing, through a non-statutory service works best.

Places to go and things to do to improve wellbeing

Further to this, young people told us they found that 'mental health activities' can help to destigmatise mental health support, especially in popular settings for young people such as at school. Examples of such activities include 'making posters about wellbeing', 'there being a box where young people can put their thoughts and feelings in anonymously, active mentoring taking place' and 'the message being constantly out here and demystifying shame about it is key'. They want there to be an 'open and loud conversation about it with posters in schools and helpline numbers'. In addition, they want to see that 'everyone needs to be told that what they are feeling is okay', that 'saying you have a mental health problem is the same as saying that I have chicken pox'.

Young people discussed ways that have helped to improve their mental health. Interestingly, the young lives panel all agreed that 'volunteering' was an easy win and helped with mental health. They told us that 'volunteering gets people doing stuff, gets them out of their own heads, hands on, loads of essential skills like socialising, communicating, makes you feel a lot better about yourself. People don't know that they can come and volunteer, they don't know how often they have to come, people think they have to overcommit. You can just come and volunteer a little. Volunteering helps with overthinking and not going too deeply into things. If you are being given things to do and not done before, and helping people around you, you concentrate on other things. By cooking, arts and crafts, giving people out to people and doing stuff together with other

people is nice too. You make a lot of friends too'. They also told us that 'physical exercise', 'having colouring books' and 'having things to do' all 'massively help with mental health'.

A message to policy makers and the Government

Finally, the young lives panel were asked what they would say to policy makers and the Government around mental health if they could. It was clear that these young people felt let down, left behind and forgotten. There was a feeling that much more could have been done since Covid. All of them have experienced themselves or seen friends and family experiencing the impact of the pandemic on mental health. They want a focus on 'more awareness', the need for 'something to change in the curriculum so that it involves talking about mental health and depression more. Just let people know what mental health is. Lots don't understand and that needs to be taught to people'.

There is a clear and urgent need for more support for this group of young people. Time and again, youth work, community-based projects and certain social services have been pointed out as the way to achieve more support, coupled with a drive for more specialist support. This requires staff to stay in place for a long period of time, giving them the ability to work with communities, develop trust with them and be able to offer genuine support to these vulnerable young people and their families. However, this should be matched with services that are currently underpaid, which means that these workers cannot stay in post for long enough and are not given the creative license to create proactively with communities. This sentiment of needing to create and build trust over a longer time period, in a non-clinical setting, was shared by our group of young people and shows the direction should be moving in.

What have mental health professionals told us?

The Commission on Young Lives roundtable with the NHS Confederation was attended by a wide array of practitioners, clinicians, consultants, and doctors. There was a consensus that the need for the development of trusted relationships was crucial, that support needs to be co-produced with local communities, giving them a continuity of support, and that if we keep using interventions in the classic and current way, we will end up just seeing the same results time and again. We were told that in Dorset, for example, there is a focus on how to wrap money and authority around thoughtful navigators who can develop and maintain crucial relationships with families and children - recognising that people do not have single issues, that their issues are often overlapping and that the concept of a unified worker can be supportive. Much of the emphasis in terms of solutions offered by this group was around 'holistic' and co-ordinated work with families and their children, avoiding having to make them work with a wide array of individuals and voices which can often cause more trauma. The way in which vulnerable families present themselves to services is very varied – and many families often don't present themselves at all. There is a necessity to collect that joined up data at family level to decide the best ways of intervening and supporting.

Indeed, the group backed the idea that making sure all these individuals who have contact with these young people are committed to a trauma-informed approach and that we recognise, collectively, that mental health support is not exclusively the domain of health and secondary care services, but that it sits within a much wider context. As we have seen throughout our research above, mental health difficulties are often a response to the environmental, contextual, and socio-economic conditions a young person finds themselves within, meaning that until we solve the wider contexts for poor mental health, caseloads will not drop.

Recruitment remains a concern too. Those on the front lines agree that we need to address issues of institutional racism. This comes from ensuring that the right people are being hired who can build trusted relationships with the communities they are working with and help to address the inherent power imbalances that exist. Indeed, we were told that strong representation and diverse leadership for children matters. This should be coupled with ensuring the presence of workers who look like them, are relatable and providing good role models.

Overall, there was a consensus on the way forward from this group: guaranteeing genuine co-production, ensuring that the people who spend the most time with young people are the most valued and important figures in these relationships, ensuring that every interaction with these young people matters, guaranteeing that trauma-informed organisations are front and centre of the work, making a positive difference in day-to-day care and ensuring that all the various organisations are working from the same page for these young people. Ultimately, we were told that we need far more integrated models of care than what we have at the moment and that this needs a whole culture change.

Case study: Barnardo's Priority Programme in Mental Health and Wellbeing

Barnardo's Core Priority Programme in mental health wellbeing seeks to improve children and young people's mental health through taking a whole system approach. The strategic focus of the programme is on systems transformation and service design with prevention and early intervention at its core. Barnardo's has developed strategic partnerships with three local authorities across the UK: North Tyneside (England), Renfrewshire (Scotland) and South Eastern Trust (Northern Ireland) to co-design, test and implement different approaches to supporting young people's mental health. Barnardo's has provided investment into the three areas in order to build additional capacity and resources into the system.

Each partnership will be supported to explore systems transformation following a process of local discovery of what the context, strengths and challenges are in their local area, and then carry out small scale pilots to test out what works. For example, through local discovery in North Tyneside it was identified that there was a gap in the knowledge of education staff around mental health and wellbeing. As a result, North Tyneside chose to focus on investing in a programme of capacity building in schools by training staff in Mental Health First Aid, with the aim of building a more focused whole-school approach to mental health and wellbeing that sits at the heart of school improvement.

As the programme moves onto its next phase, it will explore and test the additional support that can be put in place for vulnerable groups of children and young people.

How can we improve children and young people's mental health?

Through our research and conversations, we have identified some best practice models that we believe would help to improve the mental health of our children and young people. Although this is not an exhaustive list, these models are evidence-based and have shown initial success.

Improving early intervention support in the community

It has been recognised that services delivered in the community provide cost-effective support while reaching underserved communities due to their universal, non-stigmatising and culturally responsive approach. Additionally, these services can reduce referrals to more costly specialist support, thereby freeing up much-needed capacity in the system. This was highlighted in our conversation with the Director of Missing People, Sara Rowbotham, who argues 'services always prefer to signpost the young people to their local providers'.

Throughout our evidence sessions with young people and expert witnesses, there was a growing consensus that services of this kind are a vital lifeline of support for children and young people. Caroline Twitchett, the Children's Quality Lead for NHS England, noted that for children with more complex mental health needs we must shift much more into their communities from pre-birth to post 18 and work in the community sector much more. We heard various examples of community-based services that are providing support for vulnerable and disadvantaged groups of young people using a variety of different methods. For example, Kicks is a Premier League-funded programme delivered by football clubs to engage and support young people from disadvantaged communities. Reading Football Club is one of 92 football clubs to deliver this

programme across the country. The programme is community-based and offers safe, structured activities to young people. Sessions are also open to professionals to attend as a way to help break down barriers between statutory services and young people. Improvement of mental wellbeing is ingrained in service delivery.

Another example of utilising community-based approaches to provide support is London Youth's Good for Girls programme which supports young women to access relevant, holistic early intervention mental health support in trusted community spaces. Through this initiative youth clubs are supported to become mental health hubs. This provision also extends to supporting young women outside of school, with trained youth professionals who can create safe spaces where young women feel able to talk about their mental health and learn tools to manage their wellbeing.

Through our evidence gathering, we identified two models which are increasing the availability of early intervention support in the community. Firstly, through the provision of drop-in mental health hubs, and secondly through social prescribing for children and young people.

Drop-in mental health hubs

In recent years, there has been growing consensus from the children's mental health sector about drop-in mental health hubs as an important mechanism for improving young people's access to early help in the community. Drop-in mental health hubs offer easy-to-access, drop-in support on a self-referral basis for young people with sub-clinical mental health difficulties or with emerging mental health needs, up to the age of 25. They are community-based and are often delivered in partnership between the NHS, local authorities or the voluntary sector depending on local need and existing infrastructure.

Drop-in mental health hubs can reduce pressures on the NHS and improve young people's life chances by providing a community space to access flexible support for emotional wellbeing. Youth Information Advice and Counselling services (YIACS), also known as drop-in mental health hubs, are already available in some parts of the country. Cassi Harrison, Chief Executive of Youth Access which is the membership body for YIACS highlighted the benefits of such services: 'They support young people typically aged 11-25 with a wide range of issues they are facing. We know mental health does not exist in a vacuum, so our members provide holistic, wraparound support to young people. [YIACS] have been found to have comparable clinical outcomes to NHS CYPMHS and school-based counselling, and young people report higher levels of satisfaction.' Services of this kind have been found to be an effective gateway to support for young people facing the greatest mental health disparities.

Drop-in mental health hubs provide a clear opportunity to bridge the gap in early intervention support that currently exists within community spaces and to provide flexible support to those at greater risk of developing mental health problems. The call for services of this kind to be developed and to ensure consistent long-term funding for services that already exist was echoed in the submissions to our call for evidence by organisations such as LGA. Centre for Mental Health estimates that a national network of hubs would cost approximately £103million per year and would be able to offer help to about 500,000 young people¹⁷⁴.

¹⁷⁴ O'Shea, N. McHayle Z (2021) *Time for Action: Investing in comprehensive mental health support for children and young people*. Available from: https://www.centreformentalhealth.org.uk/sites/default/files/publication/download/CentreforMH_TimeForAction.pdf

Case study: The Nest

Based in Southwark, The Nest is a youth-centred service that offers early intervention and prevention for emotional issues and low-level mental health concerns such as worries, anxieties and stress. The service is available for children and young people at the point of need, without the need for a professional referral. It provides young people and families with the opportunities, experiences, and tools to enable them to develop their physical, emotional and social capabilities. Its non-clinical interventions offer youth work, person-centred counselling, psychological wellbeing practices and traditional talking therapies via one-to-one session, group work, virtual resources and peer mentoring.

The service has a regular programme of drop-in sessions for children, young people and their families to speak to a member of staff without the need for an appointment. These aim to understand needs and provide either one-off support there and then or identification of individuals that may benefit from a longer-term programme of one-to-one sessions.

The Nest has been embedded in the wider system of support for young people in Southwark, developing strong links with Family Early Help, Schools, NHS CYPMHS, GPs, Social Services and Goldsmith's University. The Nest also works with the Mayor's Office for Policing and Crime (MOPAC) and the Family Early Help team to develop a parent/carer champion network to empower parents to deliver peer-to-peer support (with funding from MOPAC's Violence Reduction Unit). Within schools, the Nest has been funded to deliver support through assemblies, workshops for students and staff training.

Two in three referrals to the Nest are from Black, Brown and minority ethnic backgrounds. This mirrors Southwark's demographic makeup. The Nest contributes to addressing the apparent inequity of access; not just by increasing access and contributing to de-stigmatisation but also providing a template for other services to improve their access. The majority of referrals to the Nest are from young people themselves. Of the young people accessing support through the Nest, 73% feel happier and 78% feel they have an increased sense of wellbeing.

The role of social prescribing

The role of social prescribing within healthcare has been rising in prominence over recent years. Social prescribing involves helping patients to improve their health and wellbeing by connecting them to community services either provided by the local authority or by the voluntary and community sector through a dedicated link work based within primary care networks. Schemes delivering social prescribing can involve a range of activities including arts and a range of sports and physical activities. The NHS Long Term Plan is committed to expanding access to social prescribing and states that through social prescribing, the range of support available to people will widen, diversify and become more accessible across the country. The plan also suggests that over 2.5 million people will benefit from social prescribing within five years.

There is emerging evidence that social prescribing can lead to a range of positive health and wellbeing outcomes for people, such as improved quality of life and emotional wellbeing. Research from the National Children's Bureau also suggests that social prescribing for children experiencing poor mental health seemed to be particularly effective for disadvantaged young people¹⁷⁵. Benefits of social prescribing included the flexible nature of support and that it could be tailored to young people's specific needs.

The social prescribing model was also supported and championed to the Commission on a visit we made to Birmingham. As we were told by First Class Foundation in the City who look to

¹⁷⁵ National Children's Bureau (2021) *Making a Difference to Young People's Lives Through Personalised care: Mental Health Inequalities and Social Deprivation*. Available at: [Mental Health Inequalities and Social Deprivation \(ncb.org.uk\)](https://www.ncb.org.uk)

challenge the over representation and under representation of Black, Brown and minority ethnic young people in key sectors including, mental health, criminal justice and education, often if a young Black person is going through mental health problems and they go and see a GP, that GP will usually prescribe them medication. What if instead they prescribed them some music sessions, some talking sessions, a fitness boot camp? Another organisation, St Giles, told us that what is being seen in hospitals is that NHS CYPMHS is going to St Giles and asking them to do interventions, which means they do a walk and talk in the park, and it is a therapeutic intervention – it is as much about the parents as the young people. We believe blending social prescribing into the model would further integrate services and serve to help create trust for the young people and their families who need it.

Although social prescribing for children and young people is still in its infancy compared with adult services, service models of good practice are starting to emerge. For example, Stort Valley and Villages Primary Care Network developed a children and young people's social prescribing services to tackle the wider determinants of health and reduce the number of young people being referred to secondary care by supporting them within primary care¹⁷⁶. The service is a patient-centred, non-medicalised approach to improving mental health in children and young people, with a children and young person's social prescriber being recruited to build connections with local services such as schools and activity-based groups. The service sees patients from 11-25 years old, offering up to six one-to-one sessions with the social prescriber to create a personalised care plan. The service is supported by a multidisciplinary team who provide support with referrals and cases, and who are supported by a GP clinical supervisor who can discuss cases and will see any patient referred by the team. The service also seeks to engage with parents where possible, and a mental health coach provides sessions for parents to educate them on supporting their children with their mental health.

The service has seen benefits since its inception, including that children and young people who access the service have reported feeling supported and less isolated, schools have reported improvements in students' anxiety and performance, and the strain on the wider system has been reduced by keeping patients in primary care.

There is an opportunity to build and increase the availability of social prescribing in the community. Such initiatives would provide an avenue for greater social support in the community and have the potential to ease pressure for higher tier services if they work well.

Digital support

The Covid-19 pandemic saw a rise in the use of digital methods to provide support to young people during lockdowns and school closures, and there has since been growing consensus that digital support should become an integral part of the mental health offer for children. Digital support has been identified as having many benefits, including enabling young people to have greater choice in accessing the support that best suits their needs, and the anonymity that it can provide¹⁷⁷. What is more, studies have concluded that the use of digital interventions is an effective way of supporting young people who face difficulties accessing face to face support including young men, young carers, young people with disabilities or those living in remote locations and young people experiencing life problems which might be associated with strong

¹⁷⁶ NHS Confederation (2022) Children and young people's social prescribing service: Stort Valley and Villages PCN. Available from: <https://www.nhsconfed.org/case-studies/children-and-young-peoples-social-prescribing-service>

¹⁷⁷ Health and Social Care Committee (2021) *The Health and Social Care Committee's Expert Panel: Evaluation of the Government's progress against its policy commitments in the area of mental health services in England*. Available at: [The Health and Social Care Committee's Expert Panel: Evaluation of the Government's progress against its policy commitments in the area of mental health services in England - Health and Social Care Committee \(parliament.uk\)](https://www.parliament.uk/committees/health-and-social-care/panels/evaluation-of-the-government-s-progress-against-its-policy-commitments-in-the-area-of-mental-health-services-in-england)

feelings of stigma or shame¹⁷⁸. Findings suggest that digital forms of support can lead to positive outcomes amongst young people, including reductions in the severity of clinical symptoms, increased wellbeing, and lower levels of suicidality and stigma¹⁷⁹. In support of this, Sara Rowbotham, Director of Missing People, told us that it is clear from their work that young people do engage with digital support, especially due to its anonymity nature, and that ‘there is a lot of potential for it’.

Digital support should not be a replacement for face-to-face support, but instead should be part of a blended offer enabling young people to access support that best suits their needs. Kooth is an online, anonymous service which offer online counselling sessions, and is commissioned by the NHS, Local Authorities, charities and businesses to provide anonymous and personalised mental health support for Children and Young People. With over 4,000 logins per day, they provide end-to-end support whatever the need. They offer a live counselling service which allows children and young people to ‘receive professional support through either booked or drop-in sessions as and when required’, whilst their qualified practitioners are ‘real people’. They also offer a range of services that young people can pick and choose, allowing them to decide what help they want, this includes: ‘magazines, forums, activity, centres, messaging and live counselling’. Crucially, Kooth is immediate, there is no need for a referral, there are no waiting lists, and the service is available 24/7¹⁸⁰.

Improving support in education: whole school and college approaches

Education settings play a crucial role in supporting the mental health and wellbeing of children and their families. In evidence to the Commission, Professor Mina Fazel, professor of adolescent psychiatry at the University of Oxford, highlighted the importance of education, ‘understanding that the role of education is multiple, a component of that is academic learning but education should be reframed as a place where young people can accomplish, whether that is academic, physical, in the arts or service to elsewhere’. Professor Fazel also set out how through her research she had found that ‘if you feel like you belong in your school, teachers listen to you, the school offers some extracurricular activities and the school deals well with bullying. The data shows students have a more positive attitude to seeking support for mental health needs.’ A study on belonging in education by the National Education Union also highlights robust evidence surrounding the importance of safety, belonging and wellbeing in school and the subsequent impact on school performance and engagement.

Our call for evidence highlighted the need for whole education approaches to be developed and implemented across all education settings. In evidence provided to the Commission, The Children and Young People’s Mental Health Coalition highlighted that ‘whole education approaches are crucial to promote and support the mental health and wellbeing of all pupils and students.’ A whole education approach refers to a universal, school-wide, and multi-component approach to the promotion of children and young people’s wellbeing and mental health¹⁸¹. The approach is widely used and promoted across primary and secondary schools and further and higher education establishments in the UK.

There has been growing recognition of the importance of these approaches, with government setting out its vision for the implementation of a whole school and college approach through its Green Paper. Some education settings have made significant progress in the implementation of these approaches, but as Sir Norman Lamb noted in evidence to the Commission, the extent is variable.

¹⁷⁸ James, K (2020) Remote mental health interventions for young people: A rapid review of the evidence. London: Youth Access. Available from: <https://www.youthaccess.org.uk/resources/practice-resources/74-remote-mental-health-interventions-for-youngpeople>

¹⁷⁹ Ibid

¹⁸⁰ Kooth. *Letting Children and Young People Thrive*. Available at: [Kooth for Children & Young People - Kooth plc](https://www.kooth.com/)

¹⁸¹ Abdinasir, K. (2019) Making the grade: How education shapes young people’s mental health. London: Centre for Mental Health. Available from: <https://www.centreformentalhealth.org.uk/publications/makinggrade>

Place2Be provides an embedded mental health service in 450 UK primary and secondary schools, supporting a school community of around 250,000 children and young people. The organisation takes a whole school approach by embedding therapeutic mental health support in schools and aiming to strengthen the system around the child by also offering support to families and school staff through a range of targeted and universal interventions. Support is offered to young people via one-to-one counselling sessions, to families through online parenting courses and to school staff via training. As the service is embedded within schools, it is seen as accessible and non-stigmatising as it is part of everyday school life.

In evidence submitted to the Commission by Place2Be, the organisation identified how their frontline work reaches some of the most vulnerable children and young people. Evidence highlighted that of those who accessed Place2Be's one-to-one weekly support: 46% received free school meals, 25% were involved with social care, 8% were the subject of a child protection plan, 38% had four or more Adverse Childhood Experiences such as abuse, domestic violence, or loss of a parent. In addition, their data also show 93% of children had at least one Adverse Childhood Experience.

Their evidence also highlighted the significant impact of the support on children and young people. After children have received Place2Be counselling, results show that 79% of those with severe difficulties show an improvement in mental health. What is more, while pupils received Place2Be's one-to-one counselling, 74% of pupils were less likely to be excluded for a fixed term¹⁸². Based on conservative assumptions, analysis of Place2Be's counselling service shows that every £1 invested in the service results in a £6.20 benefit in terms of improved long-term outcomes¹⁸³. These benefits come from improved outcomes in the form of reduced rates of truancy, smoking, exclusion, depression and crime, and higher rates of employment and wages.

Compass BUZZ is a four-year project across all 400 schools in North Yorkshire to support all school leaders, teachers, and pastoral staff to gain the knowledge, skills and confidence to support the mental health of their pupils and staff through direct interventions, based on a whole school approach. The project is delivered by wellbeing practitioners including tiered training based upon staff responsibility, and requests for support through consultation on pupil presenting needs and facilitation of a peer network to share learning, best practice, and wellbeing initiatives.

Scarborough Pupil Referral Unit was one of the education settings involved in the Compass Buzz project to support implementation of a whole school and college approach to mental health and wellbeing.¹⁸⁴ This includes developing a clear mission statement which includes the importance of a nurturing environment and setting up focus days which explore different areas of nurture and wellbeing to help students who may be struggling and raise awareness. There is a strong emphasis within the school around normalisation and signposting to support where needed, with posters and leaflets being made available in school classrooms of support services. There is also a strong emphasis on staff development, with staff receiving various levels of training to help support pupils' needs provided through the Compass BUZZ programme. As a result, the school has won the Nurture Schools Award and are the only Pupil Referral Service in the country to receive this.

Work is also taking place in further education settings to ensure that mental health and wellbeing is embedded into college life. The Association of Colleges (AoC) has created a resource pack and a self-assessment for colleges tool to help build on mental health and wellbeing within settings. AoC has also developed a Mental Health and Wellbeing Charter for colleges to sign to show their commitment in this area. One such college to do this was Oldham College, who have

¹⁸² Place2Be (2021) *Statistics and evidence*. Available at: [Our impact on children's mental health – Place2Be](#)

¹⁸³ Pro Bono Economics (n.d) Economic evaluation of Place2Be's counselling service in primary schools. Available from: <https://www.probonoeconomics.com/Handlers/Download.ashx?IDMF=3fd19bcd-27f8-4d1c-a7aa-06938ac04a4d>

¹⁸⁴ Compass Buzz (2021) Good practice in schools case study: A whole school approach to mental health and wellbeing. Available from: <https://www.compass-uk.org/wp-content/uploads/2021/05/Good-Practice-in-Schools-Case-Study-Scarborough-PRU.pdf>

taken significant strides in embedding a whole college approach to mental health and wellbeing. This included expanding the safeguarding time to include two dedicated Welfare Offices, establishing an emotional wellbeing and mental health steering group, training staff to be Mental Health First Aiders, implementing trauma-informed approaches and developing an emotional wellbeing and mental health policy.

Finally, Oasis Academies run a 'mental health matrix' (as seen in Figure 2 below) as an intervention that helps to signpost and support students at any level of need and ensures that they can track data appropriately. Known as their 'mental health impact triage matrix', they score on four levels 'where a symptom of poor mental wellbeing has been identified' using the matrix to determine the level of concern.

The overall level of concern is calculated by the highest outcome in any one category and all level 3 & 4 concerns in 'Risk to Self' (marked * in the second table below) require a discussion with parents and require a safety plan to be put in place.

Level 1	Low Impact	- whole school response including pastoral interventions as required.
Level 2	Medium Impact	- school-based response including targeted interventions and an individual education plan.
Level 3	Moderate Impact	- referral to primary care intervention, referral to third sector counselling if available.
Level 4	High Impact	- referral to secondary MH care/social care/police inc. referral for medical attention where appropriate.

	Impact on learning	Impact on behaviour	Impact on attendance	Risk to others	Risk to self
Level 1 Concern	No impact	No impact	No impact	No impact	No impact
Level 2 Concern	Low impact <i>e.g., missing up to 1 lesson per week due to mental wellbeing</i>	Low impact <i>e.g., up to 1-2 sanction per week</i>	Low impact <i>e.g., less than one week absence in term due to mental wellbeing</i>	Low impact <i>e.g., some agitation with peers and staff with no incidents</i>	Low impact <i>e.g., thoughts to harm self/restrict eating. No actual harm. No suicidal thoughts.</i>
Level 3 Concern	Medium Impact <i>e.g., missing up to 50% of lessons per week due to mental wellbeing</i>	Medium impact <i>e.g., 3 or more sanctions per week</i>	Medium impact <i>e.g., more than one week absence in term or attending school on part-time timetable due to mental wellbeing</i>	Medium impact <i>e.g., one or more incidents effecting the safety of staff and peers (including psychological safety)</i>	Medium impact* <i>e.g., disclosure of actual self-harm (not requiring medical attention), skipping lunch, no suicidal ideation.</i>
Level 4 Concern	High Impact <i>e.g., missing more than 50% lessons per week due to mental wellbeing</i>	High Impact <i>e.g., removal from mainstream learning – reflection time, managed move, fixed term exclusions or risk of PEx</i>	High Impact <i>e.g., School refusing, not attending school or attending school on part-time timetable due to mental wellbeing</i>	High Impact <i>e.g., threatened, or actual assault on peers or staff. Including intimidation.</i>	High Impact* <i>e.g., Self-harm requiring medical attention. Suicide ideation. Suicide attempt. Significant weight loss. Physical deterioration due to lack of self-care</i>

(Figure 2)

Building trusted relationships

The importance of a trusted adult has consistently come up as a key factor in supporting the mental health of vulnerable groups of children and young people. Research from YoungMinds and UK Youth defines a trusted adult as someone who is chosen by the young person as a safe figure that listens without judgement, agenda, or expectation, but with the sole purpose of supporting and encouraging positivity within a young person's life¹⁸⁵. It has been noted that overall, a trusted adult leads to positive mental health outcomes in children and young people, with one study reporting that children reported fewer mental health challenges when they had a support network of high-quality relationships with peers and trusted adults outside of their immediate family.

Through our evidence gathering sessions, we heard examples of support services that place the role of the trusted adult and relationships at the centre of the work they do. For example, Football Beyond Borders (FBB) works with young people from areas of socio-economic disadvantage who are passionate about football but disengaged from school to help them finish school with the skills and grades to make a successful transition to adulthood. This is achieved by providing

¹⁸⁵ Young Minds (n.d) Available at: [Defining a Trusted Adult | Reports and Impact | YoungMinds](#)

long-term, intensive support, built around relationships and young people's passions. From 2018, FBB piloted a therapeutic offering to the most at-risk participants, alongside their existing long-term, intensive group-based social emotional classroom and football curriculum¹⁸⁶. FBB wanted to explore how early mental health support could be provided to the most vulnerable young people, which was based on trusted and long-term relationships. FBB developed culturally competent, highly skilled therapists and counsellors as part of their school programme. Over the three-year programme, FBB offered support to 254 young people through building trusted a relationship, tapping into young people's sense of belonging and existing affinity with FBB, creating a therapeutic alliance, delivering a wrap-around, holistic service to young people and meeting the young person where they are at and focusing on engagement.

When young people were asked what they valued most about the support, they highlighted: the long-term relationships which helped to build trust and demonstrated the commitment of the practitioner; the fact that it was their choice to take part; being supported by culturally competent, highly skilled practitioners to support their complex needs; being seen without judgement; and having a safe space where they could be fully heard. Finally, many young people stressed the importance of trust in the support they received.

Government initiatives have also highlighted the importance of trusted adults. In 2018, the Home Office launched the Trusted Relationships Fund to support youth workers, police, nurses, and other professionals form close, protective relationships with children and young people at risk of sexual exploitation¹⁸⁷, county lines, gang crime or relationship abuse, with the intention to improve outcomes and reduce the risk of harm to children. In total, funding was awarded to 11 programmes in the UK.

In Greater Manchester, the funding has been used to integrate psychologists into Complex Safeguarding teams working with children affected by extra familial abuse, in particular child sexual exploitation and child criminal exploitation. The psychologists work with multi-agency professionals in the team to support trauma-informed practice and a child centred approach; the offer is bespoke to each team. The Trusted Relationship role has three broad aspects: psychological case consultations, bespoke staff training and staff support. Focus groups held with the professionals who took part in the project found that feedback was overwhelmingly positive. Feedback highlighted how Trusted Relationship psychologists support staff in developing and understanding the importance of a 'holding relationship' where the social worker is reliable, predictable, consistent, present, and aware of inequalities and power imbalances.

Targeted support

Alongside community-based support, more targeted support is required to meet the specific needs of children and young people. Through our evidence gathering processes, we heard many examples of support that has been put in place for young people at risk of offending and for marginalised/excluded groups of children and young people.

Support for those at risk of offending

Youth Justice Services (YJS) work with children aged 10 to 18 who have been sentenced by a court, or who have come to the attention of the police because of their offending behaviour. They are statutory partnerships and are multi-disciplinary to support the needs of the whole child. Typically, as part of the health stand, YJS have a co-located or seconded NHS CYPMHS specialist working with the team. Some teams have other health specialists such as speech and

¹⁸⁶ Football Beyond Borders (2021) Therapists in Tracksuits. Available from: <https://www.footballbeyondborders.org/news/therapists-in-tracksuits#:~:text=Imagine%20if%20every%20young%20person,to%20successfully%20transition%20into%20adulthood>

¹⁸⁷ Home Office (2018) Government launches Trusted Relationships Fund. Available from: <https://www.gov.uk/government/news/government-launches-trusted-relationships-fund>

language therapists and psychologists. This enables an assessment of underlying (and sometimes unmet) health and neuro developmental needs as an offending risk factor. Where possible, YJSs try to divert children and young people away from the court and the criminal justice system so their health needs (and offending as a symptom of health need) can be addressed without unnecessarily criminalising the child.

Cheshire YJS has a comprehensive health offer and provides a child-centred diversionary scheme to prevent and divert children away from the criminal justice system when a primary contributor to their offending is a previously unmet health need. Health issues are screened and fully assessed at the point of arrest as opposed to the point of sentence for children and young people across the Cheshire region. This ensures children and young people with underlying or previously undiagnosed health conditions or special educational needs and disabilities are diverted away from the criminal justice system into more appropriate treatment pathways. In evidence provided to the Commission on behalf of the Association of Youth Offending Team Managers, the service has highlighted the high level of mental health and SEND need in the young people they support.

A 2015 health and wellbeing need assessment of children across Cheshire highlighted that 57% of children who were in contact with the YJS were recorded as having some level of mental health need affecting their daily functioning. (NB: this Health Needs Audit is currently being refreshed and the prevalence, complexity, and co-morbidity of health needs of children in the justice system have all increased in recent years).

Of the divert assessments that took place in each area of Cheshire in 2018-19, over 500 children and young people were diverted completely away from the criminal justice system into more applicable treatment pathways to get early support for their health and/or SEND need that had not been previously picked up. As Tom Dooks from the Association of YOT Managers and Senior Manager of Cheshire YJS told us, 'Often it is the first time that needs are met and addressed when young people come into contact with the youth justice system'. As a result of the Divert scheme in Cheshire and similar schemes run by YJSs across the country, there have been significant reductions in first time entrants to the criminal justice system and this has been sustained over several years.

Innovative projects are also being developed in the community to support those at risk of offending. For example, The Children's Society Climb service is a diversionary service funded by West Mercia Police and Crime Commissioner. Climb works with young people aged 10 to 17 who are missing school or college, starting to be reported as missing, or at risk of being drawn into criminal activity. The service offers sport, dance, arts, music, and other activities to young people to help them build their resilience and keep them safe from harm - young people can choose the activities they want to get involved in based on what is positive for them. Project workers support young people's involvement with the activity and help to remove barriers to engagement. The service notes that a lot of their work is focused on building young people's confidence and resilience.

Project Future is a community-based, youth-led project, that seeks to transform mental health delivery for young men aged 16-25, who are involved in offending and serious youth violence in Haringey, London¹⁸⁸. It aims to improve young people's wellbeing, access to services, and education, employment, and training opportunities with the long-term aim of reducing marginalisation and offending. The project is funded by the Big Lottery Fund, and importantly has been co-produced alongside young men in the community, underpinned by the ethos that they are experts in their own lives and are best placed to know what would support their community. The project is staffed by a team of clinical psychologists, specialist youth workers and local young people, 'community consultants' who provide a supportive and nurturing environment for young people. An evaluation of the project conducted by Centre for Mental Health over a three-year period found a significant reduction in the mental health and wellbeing needs of the young

¹⁸⁸ MAC-UK (2020) Project Future. Available from: <https://mac-uk.org/project/project-future/>

people who have been supported by the project¹⁸⁹. Project Future was perceived to be an environment that made young people 'feel safe, respected, accepted, provided with opportunities, empowered, special, supported and listened to.' A final evaluation of Project Future is being published in September 2022.

Work of Violence Reduction Units (VRUs)

Zahra Wayne, from the organisation Revolving Doors, told us in her evidence submission that there is positive practice being exhibited through VRUs, such as Lancashire VRU instilling trauma-informed practice into their culture, and Thames Valley VRU implementing a Sequential Intercept Model (SIM) as a framework for addressing children and young people with neurodevelopmental disorders and disabilities in contact with the criminal justice system because of violence. The SIM is able to illustrate key stages where intervention can prevent the current status quo of young people with neurodevelopmental disorders being overrepresented in custody.

Work across other areas of the country is also taking place to ensure greater therapeutic support is embedded in the work of VRUs. The Your Choice programme is delivered by London's VRU and offers intensive, therapeutic support for young people aged 11 to 17 who are at most risk of being affected by violence or exploitation. Specialist frontline practitioners will deliver Cognitive Behavioural Therapy to help young people to manage challenges in their lives. The programme has received £10m in funding from the Home Office and the Youth Endowment Fund to deliver and evaluate the three-year programme.

Commissioned by Thames Valley VRU, the Navigator Programme, delivered by Starting Point, works with those aged 13-24 who attend A&E for violence related injuries and/or risk-taking behaviour. The Navigators have conversations and connect with young people in A&E, and then work with them to help access additional support in the community, including offering long-term mentoring support. Since June 2021, Starting Point Navigators have supported a total of 28 young people - 90% reported that they struggled with their mental health.

Responsive support for marginalised/excluded groups

Organisations are harnessing the use of community-based approaches to support the mental health needs of marginalised and excluded groups of young people. Central to these services is providing support where young people are. As Jay Perkins, CEO of Partisan told us in an evidence submission, 'Young people are often labelled 'hard to reach,' but the reality is mental health and wellbeing services are hard to reach.' Community-based services can play a key role in improving access to support, especially for those who find it hard to access support through 'traditional' routes. A 2018 study¹⁹⁰ found that, compared to CYPMHS and school-based counselling services, voluntary sector organisations working in the community were serving a greater proportion of 'older' young people, as well as higher proportions of LGBTQI+ young people, young people from racialised communities, and young people in contact with the youth justice system. Going to the barber shop, for example, is a much safer place for them than any statutory service that may re-traumatise them.

In 2020, Power the Fight and London's VRU penned a report entitled 'Therapeutic Intervention for Peace (TIP) Report Culturally Competent Responses to Serious Youth Violence in London'. The report had key findings that are pertinent to ensuring that services are accessible to these groups of children and young people, in particular the report explicitly stated that 'for Black people in particular trusting relationships with professionals rely greatly on representation and cultural competency, with young people and families much more likely to speak with practitioners

¹⁸⁹ Stubbs J. Durcan G (2018) Unlocking a different future: An independent evaluation of Project Future. Available from: https://www.centreformentalhealth.org.uk/sites/default/files/2018-09/CentreforMentalHealth_Unlocking_a_different_future.pdf

¹⁹⁰ <https://bpspsychub.onlinelibrary.wiley.com/doi/full/10.1111/papt.12206>

who share or understand their ethnic background and culture'. Practice based or professionals with 'lived experience are systemically undervalued and structurally excluded from decision making at a strategic level, often made to feel culturally out of place, tokenised or exploited'¹⁹¹.

There is also value and need in involving those with lived experience in the workforce. A 2021 report found that 'having lived experience in a workforce can help to bridge the gap between services and those who use them'. It stated that 'people with lived experience have real insight and first-hand knowledge of what it is like to experience multiple disadvantage' and that those with lived experience can also provide powerful role models to others experiencing substance misuse, homelessness, and poor mental health 'demonstrating that recovery is possible'. There is also evidence that 'peer support is associated with improved social and clinical outcomes for beneficiaries with mental-ill health and increased hope, self-esteem and confidence'¹⁹².

Case study: Partisan

Partisan is a culturally sensitive organisation who are representatives of the communities they work with. Based outside of clinics, a team of Psychotherapists and Clinical and Community Psychologists work on the ground with children, young people, families, and communities. They are highly flexible in their approach and believe in sharing psychologically-informed ideas with teams on the ground who have relationships with people in their communities. Most, if not all their work is alongside marginalised, stigmatised, excluded communities, mainly the Black and Brown community, who aren't always held in mind when traditional mental health services are developed. Many of the people they work with have been affected by violence, exploitation, poverty, and racial trauma, but they take a non-pathologizing view of mental health wellbeing.

Partisan have developed a new partnership with Lewisham Council and local community organisations for marginalised and racialised young people to have access to culturally sensitive support for their wellbeing and mental health, including the impact of racial trauma, and for this support to be located in safe and accessible community locations. This is achieved by developing trusting relationships with 'community champions' who are offering support to marginalised and racialised young people. The team co-develop bespoke mental health and wellbeing support with community champions, working alongside them to integrate psychologically and trauma informed approaches into their existing work.

For example, Partisan met a community member who runs a community space on an estate in Lewisham. The space is valued by community members and provides a range of support. The garden out the back has been converted to provide a community space, which is most regularly used by a group of young people aged 14 to 25. These young people also bear the brunt of racial trauma including school exclusions, stop and searches and community violence. Many have unmet mental health and wellbeing needs, but traditional services are often inaccessible and do not have the cultural sensitivity to offer them the support they need. The Partisan team has built trusting therapeutic relationships with these young people. Together, they are integrating wellbeing support into the community space. The young people and the Partisan team are co-facilitating therapeutic groups where young people can discuss topics relevant to their wellbeing in a safe environment. The team also offers one-to-one therapeutic conversations and support to access other statutory services. Partisan is working alongside the community centre staff to increase knowledge of trauma informed approaches that the staff team can draw upon in their interactions with young people. Finally, Partisan is working alongside local statutory organisations to hold these services to account in meeting the needs of racialised and marginalised young people. This includes training on the impacts of racial trauma and developing specialist pathways.

¹⁹¹ Power the fight (2020) *Therapeutic Intervention for Peace report*. Available at: [tip-report.pdf](https://www.powerthefight.org.uk/tip-report.pdf) ([powerthefight.org.uk](https://www.powerthefight.org.uk))

¹⁹² University of Sheffield (2021) *Involving people with lived experience in the workforce*. Available at: [Involving people with lived experience in the workforce \(2020\) – Fulfilling Lives](https://www.fulfillinglivesevaluation.org/) ([fulfillinglivesevaluation.org](https://www.fulfillinglivesevaluation.org/))

We are beginning to see these approaches and values being utilised in services. For example, the 'Integrate' approach was developed by MAC-UK in partnership with excluded young people facing multiple challenges in the community. INTEGRATE seeks to wrap holistic and responsive support, including mental health and emotional wellbeing provision, around excluded young people. The model was first developed in Camden, 2007, from the founding principle that services need to meet young people where they are at. An evaluation of the INTEGRATE projects conducted by Centre for Mental Health in 2018¹⁹³ identified key features and principles that make the approach effective, including building trusted relationships with the young people and co-production being at the heart of the approach. INTEGRATE projects have mental health and wellbeing support built in by supporting a psychologically informed environment and a 'Streetherapy' approach.

INTEGRATE teams are led by mental health professionals and made up of workers with lived experience and other professional staff, such as youth workers, all of whom are trained in mental health. The projects also provide help with a range of practical matters requested by young people, such as benefit or job applications and housing support. This helps to prepare young people to 'bridge out' of the project, becoming more stable, independent, and able to access and use other services.

The evaluation of the approach found that it was successful in engaging with groups of young people who were marginalised and who were engaged or at risk of offending behaviour¹⁹⁴. A consistent finding was that mental health awareness increased in young people and that stigma around it reduced during their involvement with the projects. Young people and staff reported that young people's mental wellbeing improved through contact with them. Clinician-rated measures of mental wellbeing confirmed young people's reports, showing significant improvements in needs associated with mental wellbeing over the course of young people's engagement.

¹⁹³ Centre for Mental Health (2018) The evidence about the INTEGRATE approach. Available from: https://www.centreformentalhealth.org.uk/sites/default/files/mac_uk_anniversary_evidence_summary_0.pdf

¹⁹⁴ Ibid

Our recommendations

This report has revealed how the mental health epidemic experienced by children and young people before the Covid pandemic has not only grown but has deepened. The consequences of a generation of children growing up with mental health problems is of deep concern for our nation's future. The life prospects for thousands of children will be poorer for as long as they are struggling with mental health conditions, and untreated mental health problems can only act as another driver for those vulnerable children already at risk of harm, exploitation and entering the criminal justice system.

Over recent years, mental health conditions have become part and parcel of growing up for millions of young people, particularly those in their teens and early 20s. The scale of the problem is enormous and growing, rocket-boostered by the pandemic, school closures for many children and the nature of lockdowns. School leaders, youth workers and children's services tell us about their concerns for tens of thousands of children who have not returned to school since the pandemic, many because of chronic anxiety. They report an increase in the regularity and extreme nature of young people's mental health concerns. Self-harming and suicide idealisation are a nationwide problem, affecting children in every area of the country.

We have been shocked to hear from those working with young people just how often those suffering from serious mental health conditions are unable to receive treatment in some areas until they have had multiple suicide attempts an 'with serious intent'.

There is not a parent in the land that will not be distressed to hear such reports. But the scale of crisis is even more extreme. The CEO of the world leading Maudsley Trust has said that 200 young people are now attending accident and emergency departments in London every week after trying to take their own life. How can the NHS possibly save the lives of 10,000 desperate children a year in our capital while it is struggling to meet the waiting times of just 20% of children? We think this demands a large scale and urgent national response to stabilise our services and in turn children's deteriorating mental health. Children and young people have been knocked for six by the pandemic and they need help.

For the teenagers our Commission focuses on, there are particularly high levels of poor mental health, many of which are both unrecognised and unmet. These factors increase the vulnerability of a significantly large group of young people who are already under severe pressure and increases the risks they face. The high number of teenagers in custody with a mental health condition tells its own story. If we are to prevent these children from falling into violence and crime, we must tackle the poor mental health of this highly vulnerable group.

We should recognise and give credit to the government and NHS England for the very real improvements that have been made over the last few recent years. The roll out of mental health teams in schools has been very welcome. This well evidenced programme is popular with children and school leaders and places children's mental health and wellbeing firmly at the heart of the school experience. But at the end of the current phase in 2023, there will only be mental health teams in a third of all schools leaving two thirds of children in schools without this important resource with no immediate plans or funds to extend further.

Extending in school mental health support is a vital part of a long-term preventative approach to improve wellbeing and mental health.

However, the young people we are focusing on are unlikely to self-diagnose mental health difficulties or self-refer themselves for treatment and help. Already under extreme pressure, often struggling with school and most at risk of being targeted by those wishing to exploit them, these young people need mental health support that seeks them out, delivers in a way that meets their needs in the community and is there for the long term.

Vital for these young people, this kind of young people centred approach also shows how the wider system of mental health can and must change. From preventative to targeted support to specialist mental health treatment through a reformed CYPMHS service, we are making a range of recommendations to put children and young people's mental health at the heart of a national mission to improve the wellbeing of our young.

There are some consistent themes that have been brought up during our research with young people that have shaped our thinking:

- Mental health as a term is disliked by many young people. The young people that the Commission has spoken to first hand have told us explicitly that they want mental health to lose its taboo but that at present, mental health is associated with something 'being wrong with you'.
- Some young people feel as though CYPMHS, GPs and referrals stigmatise them, make them stand out, are more likely to lead to them being bullied and traumatised than help them. What young people want is non-stigmatising help, where they feel trusted, cared for and important.
- Whilst essential, clinical treatment is often seen as 'outdated' and 'does not work for us'. Young people have continuously told us that they don't know where to go for support, they 'didn't feel comfortable going to a place like my GP' and spoke of their dislike for the 'medical' and 'clinical approach', saying they wanted a 'more relaxed and non-medical approach to mental health'.
- Young people talk a lot about prevention - engaging them in sports, creative activities such as drama and being outdoors. They told us that youth club groups and youth settings help, building relationships with people you know, having drop-in mental health sessions in school, through a non-statutory service work best. For the young people who are often living in vulnerable conditions, including experiencing or seeing domestic violence, sexual and/or criminal exploitation, have a SEND, are living in poverty, are experiencing racism or have been excluded, they need this relational aspect as an effective 'circuit breaker'.
- Young people don't want to feel like things are being 'done to them'. They want to access spaces where they can go and 'express myself without judgement', somewhere that feels 'free' and not one where they will be 'criminalised or referred again'. They have consistently told us that they can get more out of services that don't call themselves counselling but essentially do the same thing as counselling.
- 'Co-production' is key. We have a current model that has not been developed with the modern day wants and needs of these children, where parks, shopping centres, barber shops, youth centres/zones and schools in their known community are the safe spaces where this relational work can happen. Embedding youth workers, community engagement groups and non-statutory services in these areas is key to having success in engaging this group of young people.
- It has become clear from our conversations with service providers, those using the services and everyone in between working on mental health that this is not simply a mental health issue that can be taken in a silo. Poor housing, the cost-of-living crisis, exclusion from school are all strong drivers of poor mental health and a combined focus and tackling them will be needed to resolve these problems in the long-term.

We believe that the solutions to the growing mental health and wellbeing crisis are holistic. The overlap between what all the young people, families, and support services we have spoken to

are telling us is clear. We need to start with a consistent approach where everyone that is going to work with a child and family prioritises wellbeing and supports good mental health. This means that integration of services, sharing knowledge and data is key. Backed up by world leading specialist treatment from CAMHS.

Our interim recommendations on young people's mental health ahead of our final Commission report call for a new five-to-ten-year strategy to introduce:

- **A commitment from the next Prime Minister to fund an immediate £1bn children and young people's mental health wellbeing recovery programme to improve the quality and effectiveness of mental health care and support, with guaranteed appointment and treatment times as part of a wider post pandemic commitment to children and young people.** This nationwide programme to be delivered by ICS will take a population level approach to mental health need in each area to reduce health inequalities. Each ICS will identify the needs of vulnerable young people and deliver strategies to meet those needs.

Whilst this will be locally determined, it will fit within a national guarantee that all children and young people requiring CYPMHS treatment are seen within a 4-week period, with guaranteed next day emergency appointments for children at risk of serious self-harm and suicide. It should also embed a serious commitment to increasing the participation and power of young people in decision making about their care.

- **New local frameworks for children and young people's wellbeing (aged 0-25)** between health, children's services, schools, youth offending teams and the police to provide an integrated approach with common performance targets and pooled financial contributions from all partners. This would be part of a national cross Government strategy to improve children and young people's wellbeing across all departments.
- **Guaranteed mental health assessments for children and young people at points of vulnerability.** This would mean an automatic assessment and guaranteed mental health package for children entering care and automatic assessments for children and young people at risk of exclusion from school, who go missing, at the point of arrest, or are involved in violence or crime. It would include a guarantee of assessment by education psychologists for any child at risk of exclusion.
- **A national implementation programme to embed a whole school and college approach to mental health and wellbeing across all education settings in the country.** This should include a commitment from Government to provide a funding package for Mental Health Support Teams beyond 2023/24 to ensure that all schools have access to this vital additional support by 2030.
- **An ambitious programme of drop in mental health hubs** delivered in the community. These new community drop-in centres will provide vital drop in access and work with local community groups to provide outreach support, funded by the new recovery programme.
- **A national 'Programmes on Prescription' scheme in every area.** Building on emerging local approaches, the roll out of a major funded programme of social prescribing for mental health wellbeing that enables GPs and health professionals to pay for sports and arts sessions, music, drama, activities, youth clubs, outings, and volunteering programmes to improve young people's confidence, self-esteem, and skills and make friends. This would be delivered after school, at weekends and during holidays.

- **A major recruitment programme with ambitious targets to build the children and young people workforce required to meet this expansion of services.** It is vitally important to ensure that this workforce is diverse and culturally competent. There are opportunities to recruit young people to the profession.
- **Wellbeing and mental health training and support for all professionals working with children and young people.** Identifying and understanding the mental health needs of children is vital if they are to be offered the help they need. This is particularly important for those young people we are focusing on who are not likely to self-diagnose or self-refer. Children's wellbeing and mental health is now a core concern of most professionals working with children. Therefore, we recommend that all receive training, as part of initial training and ongoing CPD, to enable them to provide a supportive environment and response and to identify when children and young people need more specialist help.
- **Make co-production and community work a cornerstone of mental health care** to ensure long-term trusted relationships for young people and to give them a constant point of contact.
- **Improved wellbeing on digital platforms.**

We know that many children feel more comfortable and sometimes prefer help online, which should also be extended and supported as an important strand of a local strategy.

- **Better information and support for parents** to support children and young people's positive mental health and wellbeing. Parents can often struggle to help their children with their mental health and do not know where to turn. We would like to see more resources for parents, and more support in schools, children's centres, and family hubs, to provide positive support to improve wellbeing and to find specialist help if needed. This should include training for parents to help them support their children's mental health.
- **Improving the mental health and well-being of young people at risk of harm and being involved in the criminal justice system. This should be measured as a core aspect of NHS equality targets** with leadership, resources, and delivery plans.

