



The Queen's Speech 2017

Debate on the Queen's Speech – Mental Health reform

The Children's Society welcomes the focus on children's mental health across all political parties and the commitment to mental health reform in the Queen's Speech. For too many children thresholds for clinical interventions are too high, waiting times are too long and vulnerable children at risk of developing mental health conditions are not supported to access help they desperately need.

The rising mental health needs of children and young people

Approximately 200,000 young people aged 10-17 are referred to specialist mental health services each year in England suggesting a high-level of need¹. The latest data shows that increasing numbers of young people are turning to self-harm with related hospital admissions rising by almost 93% among girls and 45% among boys over the last five years². There are also more young people considering suicide³ and an increasing number of young people treated for eating disorders⁴. The Children's Society's latest Good Childhood Report found that 1 in 7 girls aged 10-15 are unhappy with their lives as a whole – up from 1 in 9 over a five year period⁵.

Access and waiting times

Despite the increased attention being given to children's mental health we remained concerned about the thresholds children need to reach to access specialist mental health support and the waiting lists being too long for many of these services, with the average waiting time from referral to first treatment being 85 days⁶. We therefore welcome the Conservative manifesto commitment to introduce waiting times targets for children with serious mental health conditions and recommend that waiting time targets are introduced for children's mental health services across the board.

The Queen's Speech announced a fundamental reform of mental health legislation by working towards a new Mental Health Act and reaffirmed the commitment to a Green Paper on Children and Young People's Mental Health. Changes to mental health support for children need to be matched with the appropriate resources, ring-fenced to children's mental health and transparency of reporting on spend increased. The Government's cash boost, of £1.4bn up to 2020 for CAMHS is a step in the right direction, but the money must be ring-fenced to make sure local services, including educational establishments, spend it effectively. A recent report

¹ P.7, Access Denied: http://www.childrenssociety.org.uk/sites/default/files/AccessDenied_final.pdf

² Health and Social Care Information Centre. Statistics released from the Health Behaviour in School-Aged Children Surveys. December 2014. <http://www.bbc.co.uk/news/health-30414589>

³ The NSPCC. On the Edge. 2014. London. <http://www.nspcc.org.uk/services-and-resources/research-and-resources/on-the-edgechildline-spotlight/2014> (Last Accessed 2 October 2015).

⁴ HSCIC. Hospital Admissions for an Eating Disorder. 2014. <http://www.hscic.gov.uk/article/3880/Eating-disorders-Hospitaladmissions-up-by-8-per-cent-in-a-year-2014> (Last Accessed 2 October 2015).

⁵ https://www.childrenssociety.org.uk/sites/default/files/pcr090_summary_web.pdf

⁶ The Children's Society's upcoming research. Based on information collected by 31 NHS Trusts.

by the Education Policy Institute's Mental Health Commission highlighted the risk that the additional money is not being spent as intended. For example in 2016/17 of the £250m expected to be made available, only £119m has been allocated to the local NHS leaders but it is in their unringfenced general budget.

Mental health in schools

Teachers and parents are also increasingly worried about children and young people's mental health and well-being needs as it relates to their experiences in educational settings, and the ability of schools and colleges to respond to these needs⁷. For young people requiring onward referrals to specialist mental health services, research has shown that many children currently face delays in accessing CAMHS services due to rigid criteria or are turned away altogether, poor referral pathways and long waiting times both for an assessment and treatment risking further escalation of their needs⁸.

The Conservative manifesto committed to an extension of the Mental Health Services and Schools Link Pilots, to ensure all schools have a single point of contact with CAMHS. This is alongside a commitment to introduce mental health first aid training for teachers in every school. There is evidence from the initial Schools Link pilot to show this programme increases frequency of contact between pilot schools and NHS Children and Young People's Mental Health Services (CYPMHS), with a clearer understanding of referral routes into specialist mental health support⁹. This needs to be accompanied by early intervention and prevention to support children who need help, but who do not meet the clinical thresholds for CAMHS.

School-based counselling is seen as accessible, non-stigmatising and effective by children and pastoral care staff¹⁰, with school management reporting improvements in attainment, attendance and behaviour of young people who have accessed services¹¹. Indeed, it has been found to reduce levels of school exclusion by around 31 per cent¹². We would like the Government to go further and introduce a statutory requirement for all schools to provide access to counselling services for students.

Access and support for vulnerable groups

Some groups of children and young people are particularly vulnerable and are at high risk of developing mental health problems such as looked after children, child victims of domestic violence and child sexual abuse, unaccompanied and separated children and homeless children. Despite their additional needs, these groups of young people often find it harder to access support and often suffer in silence and in isolation. These children may struggle to attend appointments and disengage with services, in such cases risk assessments must always

⁷ <http://www.ascl.org.uk/download.D91C5B0A-72A6-4117-96A9B343E51FB296.html>

⁸ http://www.childrensociety.org.uk/sites/default/files/AccessDenied_final.pdf

⁹

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/590242/Evaluation_of_the_MH_services_and_schools_link_pilots-RR.pdf

¹⁰ Cooper, M. (2009). Counselling in UK secondary schools: A comprehensive review of audit and evaluation studies. *Counselling and Psychotherapy Research*, 9(3), pp. 137–150

¹¹ Pybis, J., Hill, A., Cooper, M. & Cromarty, K. (2012). A comparative analysis of the attitudes of key stakeholder groups to the Welsh Government's school-based counselling strategy. *British Journal of Guidance & Counselling*, 40(5), pp. 485–498

¹² Banerjee, R., Weare, K. & Farr, W. (2014), Working with 'Social and Emotional Aspects of Learning' (SEAL): associations with schools ethos, pupil social experiences, attendance, and attainment. *British Educational Research Journal*, 40(4), pp. 718–742

be done for children who do not attend their appointments, and no child discharged before being risk assessed¹³.

Poor mental health has been identified as a particular vulnerability factor for young people both prior and following sexual abuse. Child sexual abuse or exploitation can seriously derail a child's development and can have long-term emotional and psychological consequences. Analysis of mental health trusts referral pathways to child and adolescent mental health services (CAMHS) found that less than half (47%) have clear pathways for referrals of children who have experienced child sexual exploitation¹⁴.

Children and young people from vulnerable backgrounds require coordinated and consistent care and support. Services should work towards improving access for vulnerable individuals who might not reach the clinical thresholds for support and enabling those who struggle to stay engaged with services opportunities to access services in a way which responds to their needs.

Questions for the Minister:

- Will the Minister commit to reviewing and strengthening guidance on responding to cases where children do not attend mental health service appointments, to protect the most vulnerable children and young people?
- Will the Minister ensure the Government's Green Paper on children's mental health examines the barriers children face in accessing mental health support when they do not meet the clinical thresholds for CAMHS and considers the ring fencing of children's mental health allocations to ensure this is spent on improving services for children?
- Will the Government introduce a legally binding entitlement for children and young people to be able to access evidence-based mental health and well-being support in educational settings (including both schools and further education colleges) across

For more information please contact Lucy Capron, Public Affairs Manager on lucy.capron@childrenssociety.org.uk or 0207 841 4494

¹³ The Children's Society's upcoming report into mental health will examine in further detail 'Did not attend' (DNA) cases

¹⁴ 'Access Denied: A teenager's pathway through the mental health system'
http://www.childrenssociety.org.uk/sites/default/files/AccessDenied_final.pdf