The Association of Directors of Public Health

Children and Young People's Mental Health Green Paper: Consultation Response.

The Association of Directors of Public Health (ADPH) is the representative body for Directors of Public Health (DsPH) in the UK. It seeks to improve and protect the health of the population through collating and presenting the views of DsPH; advising on public health policy and legislation at a local, regional, national and international level; facilitating a support network for DsPH; and providing opportunities for DsPH to develop professional practice.

The Association has a rich heritage, its origins dating back 160 years. It is a collaborative organisation working in partnership with others to maximise the voice for public health.

Introduction

ADPH welcomes the opportunity to respond to this consultation. Directors of Public Health and public health teams within local authorities are well placed to support children and young people. They are important stakeholders in leading local preventative work, promoting good mental health in schools and conducting school health surveys, commissioning and advising children's services and leading suicide and self-harm prevention.

Mental health problems in children and young people are common, can be long-lasting and affect life chances, as well as being costly for the individual and society. In the UK, one in ten children aged between five and 16 years have a diagnosable mental health disorder.[1] With half of all mental health problems established by age 14 and three quarters by age 24, more needs to be done to improve the mental health of children and young people.[2]

ADPH welcomes the Green Paper and strongly agrees that both early intervention and quick access to care, support and treatment are vital. However, the focus of the Green Paper is primarily on managing developing and established mental ill health, with prevention an afterthought. To ensure that services are sustainable in the long term it is vital to focus on the prevention of mental illness and the promotion of good mental health and wellbeing.

More children are suffering from mental health problems than can be managed in specialist services. Particularly concerning is the growth for referrals in child and adolescent mental health services (CAMHS), which increased nationally by 44% between 2013 to 2017.[3] Until we begin to focus on the causes and direct resources towards prevention, we will be limited in what we can achieve, especially in the long term.

It is important to build on existing work and services, rather than creating a new silo. This would mean taking into consideration the CAMHS transformation plans which have been recently reviewed. It is similarly important to involve children and young people and their carers in the process of developing local solutions. Honest listening and a strong feedback loop should be an overriding principle to ensure ownership, and requires that current proposals be allowed to be modified locally.

1. **Proposal one – Identifying and training a Designated Senior Lead for Mental Health**

Designated Senior Mental Health Leads have already been introduced in parts of the UK and have been a welcome and positive change. Whilst it is beneficial having a leader and champion of mental health in schools, it should be acknowledged that training one member of staff does not go far enough to address the scale of need. The introduction of these mental health leads should run concurrently with a broader whole school approach, which should include mental health training for all teachers, teaching assistants, special educational needs teaching assistants and welfare officers.

ADPH is concerned about the risk of having a non-specialist responsible for identifying young people who have significant mental health problems. Making judgements about a child's mental wellbeing with partial information and limited support and training is complex and difficult. A misjudged response may be harmful and/or bring significant risk to the child. We would welcome clarification on the support arrangements for the Senior Mental Health Leads, including access to clinical advice and arrangements for supervision. Further clarity on how the leads will link up with local services would also be welcome.

With regards to the funding of mental health leads, the Teaching Alliances are well placed to have a collective view from a larger number of schools to assess the training needs in the local area. They also have a role in Continuing Professional Development (CPD) and therefore are well aligned to staff development. However, mechanisms should be put in place to ensure that the money is used for its intended purpose. Local authority supervision may be helpful in ensuring this. ADPH advises that the training fund be distributed using a deprivation based funding formula to recognise the differing levels of support required between different schools.

2. **Proposal Two – Establish new Mental Health Support Teams**

The ADPH welcomes the establishment of Mental Health Support Teams which will help bridge the gap between schools, voluntary services and specialist NHS services, and provide immediate support to those who may otherwise be left on the waiting list or who do not meet the criteria for CAMHS referral. Such teams have already been set up in parts of the UK and present an important learning opportunity. The Early Help 4 Mental Health programme in Devon has had a positive impact on the local community.[4] However, there are some concerns amongst DsPH over the capacity of NHS Mental Health staff to take on this additional supervision. There is also the concern that the role of these teams has not been clearly conceptualised, which presents the risk of further fragmentation and a high level of variability if they are not mapped out carefully.

In order to take a holistic and preventative approach to mental health and wellbeing there needs to be additional investment across universal services such as youth services, children's centres and health visiting. These services all play a key role in prevention and early identification of mental health problems and factors that may impact on the mental well-being of young people. Furthermore, we wish to highlight that the Green Paper makes no reference to the Children and Young People's Improving Access to Psychological Therapies programme (CYP IAPT). Work needs to be done to outline how these new support teams will link up with CYP IAPT services.

It is also essential that the relationship between the Mental Support Teams, the new Designated School Lead for Mental Health, and wider organisations e.g. local authorities, schools, Clinical Commissioning Groups (CCG) and voluntary services are mapped out in advance of implementation.

With regards to measuring the impact of mental health support teams in schools and colleges, a validated survey, for example the School Health and Wellbeing (SHEU) survey, could be used to regularly

measure outcomes. The SHEU survey is currently used on a large sample of children each year in a primary and secondary school and is useful for finding out about their mental health beliefs, feelings and attitudes. This survey could be adapted. School attainment is another outcome that could be considered, although making a causal link is difficult.

3. **Proposal Three – Reducing waiting times to 4 weeks**

ADPH welcomes the commitment to reducing waiting times for NHS services. However, the amount of additional investment required to meet these targets needs to be recognised. CAMHS provision is gravely underfunded in the UK, and while the provision of school based support for mental health and wellbeing is welcome, it should be an addition rather than a substitute.

NHS mental health services are currently struggling to recruit and retain staff, and therefore this proposal needs to be underpinned by a proper workforce strategy. Graduate schemes for example, have been shown to be an effective way of getting people into front line mental health services. Further efforts should also be made to support those who are overstretched and incentivise those who have left the profession.

4. **The Implementation Plan**

ADPH is concerned about the length of time until completion and the availability of funding, considering that the precise roll out will be determined by the success of the trailblazers and the securing of funding after 2020/21. It should also be recognised that local authority finances have come under significant budget restrictions, which limits their ability to fund and deliver early intervention, preventative, early help and universal services. This will lead to additional pressure on NHS mental health services. While the Green Paper recognises the need for a multidisciplinary approach to tackle childhood mental health problems, this will not be achieved without further investment in wider services, for example in social care.

5. **Supporting vulnerable children**

The ADPH welcomes the consideration of how these teams can support and work with children and young people who experience different vulnerabilities. The first step for the support teams should be identifying what constitutes vulnerability, being proactive in identifying those children and making links with the relevant services who address those vulnerabilities.

In addition, mental health support teams should ensure there is sufficient co-production with children, young people and parent carers. With regards to supporting children who are looked after or previously looked after, teams should seek to build on local arrangements that support and speak for these children, and go through these established channels. Mental health support teams need to ensure that there is direct contact with the children themselves. Furthermore, unique identifiers between schools and the NHS could be used to allow tracking of these vulnerable children (e.g. children with special educational needs or disability, children in need who are not in the care system, and children who are looked after or previously looked after) and their outcomes.

6. **What is missing from the Green Paper**

ADPH is concerned that the Green Paper does not focus enough on prevention and the wider determinants of mental health. A fundamental shift towards prevention and early intervention is required. There is also insufficient focus on early years, which needs to be addressed.

A life course approach should be taken, which looks at the impact of a child's experiences and environment long before they start school. This is pertinent considering the growing body of evidence demonstrating that Adverse Childhood Experiences (ACEs) such as having a parent with mental illness or substance abuse, or experiencing neglect and abuse can predispose children to mental ill health in later life.[5] Further action is therefore required to both prevent and reduce the impact of ACEs. This could include prevention through early year's services and health visitors, as well through the development of stronger perinatal mental health partnerships. An upstream preventative approach should also consider the impact of environmental risk factors on a child's mental wellbeing. There is ample evidence demonstrating that factors such as poor housing, poverty, unemployment and other parental stressors are directly related to mental health problems in children.[67] Therefore, part of the solution to tackling poor mental health in young people, involves addressing the wider social determinants of health in children and their parents.

Prevention and early intervention in the school setting begins by educating children about mental and emotional health and wellbeing. Personal, Social, Health and Economic (PSHE) education has a preventative role to play. Lessons need to focus on the foundations of self-esteem and resilience, and on how children should challenge the stigma that surrounds mental health issues. Issues such as self-harm, drug or alcohol addiction, online bullying and the impact of social media should also be addressed. While the ADPH welcomes the proposal that sex and relationship education (SRE) will include teachings on how mental health and wellbeing can support healthy relationships, we wish to reinforce our view that PSHE should also be made mandatory. Schools should also do more to promote the use of online counselling and emotional well-being support services for young people.

Mental health education should be a key part of training for all teachers. Training should emphasise the teacher's role in developing the foundations for the child of resilience, self-esteem and good communication skills. Mental health training should also be provided to all school nurses. The School Nursing Service can make key contributions to supporting positive mental wellbeing in school aged children and to identifying those who are experiencing or at greater risk of developing mental health problems. They are well placed to signpost and support students to access the appropriate support from wider services. Nurses currently conduct health assessments of children in Reception, Year 6 and during their mid-teens. These assessments provide a value opportunity to identity children and young people who may be experiencing difficulties.

Finally, ADPH is concerned that the green paper focuses almost exclusively on the support provided and accessed in schools. It should be recognised that schools are now excluding an increasing number of children.[8] It is therefore important to identify new and effective ways of also reaching those who are not in regular education. Councils are well placed to act as a bridge to help these children access the support they need.

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[2] Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE. (2005). Lifetime Prevalence and Age-of-Onset Distributions of DSMIV Disorders in the National Comorbidity Survey Replication. Archives of General Psychiatry, 62 (6) pp. 593-602. doi:10.1001/archpsyc.62.6.593.
[3] NHS Benchmarking Network CAMHS Benchmarking 2016 [http://www.bmj.com/content/357/ bmj.j1500/rr-0)2 https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-HealthTaskforce-FYFV-final.pdf] (accessed 15 February 2018)
[4] Further details about the Early Help 4 Mental Health can be shared on request
[5]Pirkola S, Isometsä E, Aro H, Kestilä L, Hämäläinen J, Veijola J, et al. 2005. Childhood adversities as risk factors for adult mental disorders: Results from the health 2000 study. *Social Psychiatry and Psychiatric Epidemiology 40,* 769–77.
[6] Coalition statement - Report of the UK Children's Commissioners, Children and Young People's Mental Health Coalition (2015) http://www.cypmhc.org.uk/resources/coalition_statement_on_the_report_of_the_ uk_childr/
[7] Chance of a lifetime, Shelter (2006) https://england.shelter.org.uk/__data/assets/pdf_file/0016/39202/ Chance_of_a_Lifetime.pdf
[8] Department of Health, Permanent and fixed-period exclusions in England: 2014 to 2015 (2016)